

Case Number:	CM15-0085897		
Date Assigned:	05/07/2015	Date of Injury:	05/24/2009
Decision Date:	06/15/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, Texas
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female, who sustained an industrial injury on 5/24/2009. The current diagnoses are cervical discogenic disease, cervical facet arthrosis, right shoulder impingement syndrome, right shoulder subacromial bursitis, and right carpal tunnel syndrome. According to the progress report dated 3/26/2015, the injured worker complains of chronic cervical spine pain, cervicogenic pain with headaches, and right shoulder pain. The pain is not rated. The physical examination reveals tenderness to palpation at the cervical occipital junction. There is continued restricted and painful range of motion. There are moderate spasms present. Pain is radicular in nature along C5-C6 distribution. Exam of the right shoulder reveals subacromial tenderness to palpation, a positive impingement sign, and diminished range of motion. The current medications are Norco, Flector patches, Omeprazole, Restoril, and Treximet. Treatment to date has included medication management. Per notes, she states she has approval for cervical facet blocks and will schedule as soon as possible. The plan of care includes prescriptions refills for Norco and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

Decision rationale: Norco 10/325mg is a combination medication including hydrocodone and acetaminophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case Norco has been used for long-term treatment of chronic pain. The documentation doesn't support that the patient has had meaningful improvement in function while taking these medications. Therefore the continued use of Norco is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 24.

Decision rationale: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case the patient has used Restoril, a benzodiazepine medication) for longer than the recommended 4 weeks. The continued use is not medically necessary.