

Case Number:	CM15-0089545		
Date Assigned:	06/30/2015	Date of Injury:	01/25/2008
Decision Date:	08/21/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 56-year-old female, who sustained an industrial injury on 1/25/2008. The injured worker was diagnosed as having disc disease at C5-6 and C6-7 with electromyogram showing C7 radiculopathy, discogenic lumbar condition with disc herniation of L5-S1, wrist joint inflammation on the right, carpal tunnel syndrome on the right, mild left shoulder impingement, and element of depression (treated by medication with psychiatry). Treatment to date has included diagnostics, acupuncture, and medications. On 4/07/2015, the injured worker reported being off work since the previous week and would be off work until 4/16/2015, due to her low back pain and left knee giving out. Her back pain was quite severe lately and was not rated. She was not sleeping well and required a refill of medications. The treatment plan included Norco for moderate to severe pain. The use of Norco was noted since at least 4/2015. Urine toxicology was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids p.78-96.

Decision rationale: The MTUS Chronic Pain Guidelines state that for a therapeutic trial of opioids, there needs to be no other reasonable alternatives to treatments that have not already been tried, there should be a likelihood that the patient would improve with its use, and there should be no likelihood of abuse or adverse outcome. Before initiating therapy with opioids, the MTUS Chronic Pain Guidelines state that there should be an attempt to determine if the pain is nociceptive or neuropathic (opioids not first-line therapy for neuropathic pain), the patient should have tried and failed non-opioid analgesics, goals with use should be set, baseline pain and functional assessments should be made (social, psychological, daily, and work activities), the patient should have at least one physical and psychosocial assessment by the treating doctor, and a discussion should be had between the treating physician and the patient about the risks and benefits of using opioids. Initiating with a short-acting opioid one at a time is recommended for intermittent pain, and continuous pain is recommended to be treated by an extended release opioid. Only one drug should be changed at a time, and prophylactic treatment of constipation should be initiated. In the case of this worker, there was record of taking Tramadol ER chronically leading up to the introduction of Norco for moderate to severe pain. However, there was insufficient baseline functional assessment and pain level reporting to be able to later evaluate its effectiveness appropriately. In addition, there was insufficient documentation as to the discussion had about potential side effects, precautions, and associated goals with its use. Therefore, the request for Norco will be considered medically unnecessary until this is provided.