

Case Number:	CM14-0180074		
Date Assigned:	11/04/2014	Date of Injury:	08/12/1998
Decision Date:	12/09/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Injured worker is a female with date of injury 8/12/1998. Per progress report dated 10/14/2014, the injured worker presents with increased pain in her whole spine and bilateral ankles. She states all other pain is unchanged. She states she went to the emergency room for pain control and was diagnosed with a kidney infection and fibromyalgia flare up. She states she has been having cervical migraines for the past 6-7 weeks. She was treated with Dilaudid and given antibiotics and Norco #20. She states Keppra takes away the tingling feeling, Cymbalta helps with pain and depression, and Norco helps her function and gives her mobility. She reports unchanged 9/10 pain in the neck, described as aching, burning, coldness, dizziness, dull, numb. She reports increased 9/10 pain in the whole spin, unchanged 9/10 pain in the bilateral arms, increased pain in the bilateral ankles, and unchanged 7/10 pain in the bilateral feet. She is currently not working. She reports difficulty with sleep. Examination of the cervical spine reveals tenderness to palpation over the bilateral suboccipital regions, bilateral upper cervical facets, bilateral mid cervical facets, bilateral lower cervical facets, bilateral paravertebral spams, bilateral trapezius spasm and left scapula spasm. Range of motion is reduced with spasm and pain. She has left upper arm and forearm decreased sensation. Jamar grip strength on the right is 53/48/45 and left is 37/45/40. Diagnoses include 1) cervical radiculitis 2) postlaminectomy syndrome cervical 3) myospasm 4) headache 5) fibromyalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. It is noted that the injured worker had recently been weaned from the use of Norco, and then went to the emergency room for acute pain. She was provided 20 tablets of Norco at that time for her acute pain. There is no evidence that the injured worker has been able to benefit with functional improvement as a result of chronic treatment with opioid pain medications. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #60 is determined to not be medically necessary.