

Case Number:	CM14-0183554		
Date Assigned:	11/10/2014	Date of Injury:	02/17/2005
Decision Date:	06/23/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/04/2014

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. 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female who sustained an industrial injury on February 17, 2005. She has reported neck pain along with right arm symptoms down to her hand, her right shoulder, lower back, and right knee and has been diagnosed with sprain/strain of the neck, degeneration cervical intervertebral disc, cervical spondylosis without myelopathy, spinal stenosis in the cervical region, brachial neuritis/radiculitis, other rotator cuff syndromes, osteoarthritis local prim shoulder, traumatic arthropathy shoulder, sprain/strain rotator cuff, adhesive capsulitis shoulder degeneration lumbar/lumbosacral intervertebral disc, acquired spondylolisthesis, other joint derangement of other sites, lumbosacral spondylosis, unspecified thoracic/lumbar neuritis/radiculopathy, tear med meniscus knee sur, unspecified internal derangement of the knee, osteoarthrosis local primary lower leg, traumatic arthropathy lower leg, pain in limb, and sprain/strain calcaneofibular. Treatment has included medications, surgery, injection, and physical therapy. There was moderate to mild tenderness to the cervical spine. There was limited range of motion of the right shoulder with tenderness. There was tenderness to the lumbar spine. The treatment request included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, three times per day (no quantity listed) for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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. The injured worker is on chronic opioid therapy without documentation of functional improvement or pain relief from the medication. Additionally, there is no quantity included with this request. 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, three times per day (no quantity listed) for pain is not medically necessary.