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| Case Number: | CM15-0110802 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 10/20/2010 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/09/2015 |

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: California

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 60 year old female, who sustained an industrial injury on October 20, 2010. The mechanism of injury was not provided. The injured worker has been treated for neck, shoulder elbow and low back complaints. The diagnoses have included chronic low back pain, pain, left shoulder pain, neck pain, cervicogenic headache, left epicondylitis and chronic pain. Treatment to date has included medications, radiological studies, MRI, H-wave unit, cortisone injections, physical therapy, home exercise program, left elbow surgery and left shoulder surgery. Current documentation dated April 9, 2015 notes that the injured worker reported worsening neck pain with a burning sensation to the left side of the head and left eyebrow area, left shoulder pain, elbow pain and low back pain. Objective findings included tenderness to palpation at the base of the skull, left shoulder area, left epicondyle and lumbar spine. A Spurling and Hoffman sign were negative. A straight leg raise was tolerable to fifty one degrees bilaterally. The treating physician's plan of care included a request for the medication Norco 10/325 mg # 100 without future auto-refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100 without future auto-refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain located in the neck, shoulders, and lower back. The patient has undergone bilateral shoulder operations and is now opioid dependent. This relates back to an industrial injury dated 10/20/2010. This review addresses a request for treatment with Norco 10/325 mg #100 tabs. Norco 10/325 mg contains 10 mg of hydrocodone, an opioid. The documentation states that the patient's pain is increasing. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.