

Case Number:	CM15-0113069		
Date Assigned:	06/19/2015	Date of Injury:	11/26/2003
Decision Date:	07/27/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Illinois

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 60 year old female, who sustained an industrial injury on 11/26/2003 secondary to being struck in the head by a falling television. On provider visit dated 05/19/2015 the injured worker has reported neck and low back pain. On examination, the injured worker appeared to be anxious. Tenderness over the cervical paraspinal region and mild spasming at the upper trapezius was noted. She also complained of paresthesia down the right leg with straight leg raise on the right side. The diagnoses have included depression due to chronic pain, status post C4-C5 and C5-C6 cervical fusion - 08/2005, swallowing issues since her surgery and low back and right lower extremity pain. Treatment to date has included medication: duragesic patches, Norco to breakthrough pain, Neurontin and Colace. The injured worker was noted to be working part-time. The provider requested Norco 10/325mg #180 Dispensed On 5/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 Dispensed On 5/19/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 11/26/2003. The medical records provided indicate the diagnosis of depression due to chronic pain, status post C4-C5 and C5-C6 cervical fusion - 08/2005, swallowing issues since her surgery and low back and right lower extremity pain. Treatments have included medication: duragesic patches, Norco to breakthrough pain, Neurontin and Colace, The medical records provided for review do indicate a medical necessity for Norco 10/325mg #180 Dispensed On 5/19/15. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate she has been using the medication at least since 09/2014 with significant improvement in pain and function. She is well monitored for pain relief, adverse effects, activities of daily living, and aberrant behavior. She is working part time and she is using less of her other pain medication.