

Case Number:	CM15-0113905		
Date Assigned:	06/22/2015	Date of Injury:	03/30/2010
Decision Date:	07/22/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/12/2015

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, New York, 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 applicant is a represented 41-year-old who has filed a claim for chronic neck pain, low back pain, and headaches reportedly associated with an industrial injury of March 10, 2010. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 13, 2015, the applicant reported ongoing complaints of chronic, severe pain, including severe headaches. The applicant was using Percocet, Norco, Valium, Zofran, Phenergan, Cambia, Restoril, and Dilaudid, it was reported. The applicant had apparently obtained Dilaudid from her local Emergency Department, it was suggested, apparently presenting there with a flare of pain. Both Percocet and Norco were apparently renewed. The applicant's work status was not detailed. The attending provider stated that the applicant's pain scores were 10/10 without medications versus 2/10 with medications. The attending provider stated that the applicant's medications were beneficial in keeping the applicant functional but did not elaborate further. In a handwritten note dated February 6, 2015, the applicant was apparently placed off of work owing to issues with severe headaches, depression, and panic attacks. Large portions of the progress note were difficult to follow and not altogether legible. In a February 19, 2015 progress note, the applicant again reported "chronic, severe pain". The applicant was described as requiring "frequent ER visits". The applicant was on Percocet, Norco, Valium, Zofran, Phenergan, Restoril, Dilaudid, and Cambia, it was reported. The attending provider again stated that the applicant pain

medications were reducing her pain scores from 10/10 without medications to 2/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, one every 6-8 hours as needed for Moderate Neck pain, #120, (prescribed 5/18/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids, criteria for use; Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 6) When to Discontinue Opioids; 6) When to Discontinue Opioids Page(s): 78; 79; 80.

Decision rationale: No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not set forth a clear or compelling rationale for concurrent usage of three separate short-acting opioids, Norco, Percocet, and Dilaudid. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an applicant should obtain all opioid prescriptions from a single practitioner. Here, however, it appeared that the applicant was presenting to the Emergency Department on a frequent basis to obtain medications, including Dilaudid. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that the presence of continuing pain with the evidence of intolerable adverse effects represent grounds for discontinuing opioid therapy. Here, it appeared that the applicant had reported development of nausea on multiple office visits, referenced above, apparently, in part, opioid-induced. Discontinuing Norco, thus, appeared to be a more appropriate option than continuing the same, given the foregoing. The applicant, furthermore, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation for opioid therapy. Namely, the applicant failed to return to work. The applicant was off of work, on total temporary disability, it was acknowledged above. While the attending provider did recount a reduction in pain scores reportedly effected as a result of ongoing opioid usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing Norco usage. Therefore, the request is not medically necessary.