

Case Number:	CM15-0114063		
Date Assigned:	07/24/2015	Date of Injury:	02/16/2007
Decision Date:	08/26/2015	UR Denial Date:	05/15/2015
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: New York
 Certification(s)/Specialty: Anesthesiology

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 39 year old female who sustained an industrial injury on 02/16/2007. Current diagnoses include complex regional pain syndrome and thoracic outlet syndrome. Previous treatments included medications, physical therapy, chiropractic, acupuncture, and injections. Report dated 04/30/2015 noted that the injured worker presented with complaints that included improvement following the injection, but still has pain present in the same location, consisting of the same quality, intensity, and character. The injured worker also needed medication refills. Current medication regimen included duloxetine, gabapentin, hydrocodone/acetaminophen 5/325 mg, ketoconazole cream, methocarbamol, omega 3, Oysco, triamcinolone acetonide, and valcyclovir. Pain level was not included. Physical examination was positive for tenderness of the paracervicals, scalene muscles, trapezius, and levator scapulae, trapezius trigger point pain, supraspinatus trigger point pain, decreased motor strength in the neck, C7 and C8 decreased sensation, bilateral Spurling's tests were positive, and left upper extremity swelling. The treatment plan included recommendation for stellate ganglion block injection x4, refilled Cymbalta, Norco, and Robaxin, re-requested physical therapy, acupuncture, and chiropractic, and recommendation for transportation assistance. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. Therapies should be focused on functional restoration rather than the elimination of pain. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.