

Case Number:	CM15-0123614		
Date Assigned:	07/08/2015	Date of Injury:	08/05/2003
Decision Date:	09/15/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/26/2015

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: Emergency 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 64 year old female, who sustained an industrial injury on August 5, 2003 while working as an insurance clerk. The injury was related to repetitive movements while doing her usual and customary duties. The injured worker has been treated for neck and bilateral upper extremity complaints. The injured worker was noted to have had a prior injury in 2002 in which she sustained bilateral knee injuries. The diagnoses have included chronic cervical strain, cervical degenerative disc disease, cervical disc herniations, cervical radiculopathy, left elbow cubital tunnel syndrome, bilateral carpal tunnel syndrome, lumbar sprain/strain, right knee internal derangement, anxiety and stress. Treatment and evaluation to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, aqua therapy, chiropractic treatments, transcutaneous electrical nerve stimulation unit, cervical facet ablation, home exercise program, trigger point injections, a right knee arthroscopy in 2009 and removal of a right heel bone spur on January 19, 2015. The injured worker was noted to be permanently disabled. Current documentation dated May 27, 2015 notes that the injured worker was recovering from right heel surgery. The injured worker reported axial neck pain with associated cervicogenic headaches and left upper extremity radicular symptoms. Examination of the posterior cervical spine revealed tenderness to palpation bilaterally with increased muscle rigidity and palpable and tender trigger points bilaterally. Range of motion was noted to be decreased and painful. Motor testing of the upper extremities was a 5/5. Deep tendon reflexes were 2/4 in the upper extremities. Sensation of the upper extremities was decreased in the third, fourth and fifth digits bilaterally. Examination of the lumbar spine revealed tenderness to

palpation and increased muscle rigidity. Numerous tender trigger points were noted to be present. Range of motion was noted to be decreased and painful. The injured worker was taking Norco for pain with 40-50% pain relief, which lasted 5-6 hours after taking the medication. The treating physician's plan of care included a request for Norco 10/325 mg # 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #45: Upheld

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

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

Decision rationale: Regarding Norco, the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use and side effects. "Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." Norco is recommended for moderate to moderately severe pain. Norco has been prescribed for this injured worker since at least September of 2013. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. There was no documentation of decrease in medication use or decrease in frequency of office visits as a result of use of Norco. Due to lack of detailed pain assessment and lack of documentation of specific functional improvement, the request for Norco is not medically necessary.