

Case Number:	CM15-0124937		
Date Assigned:	07/09/2015	Date of Injury:	09/07/2009
Decision Date:	09/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/29/2015

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 46 year old female, who sustained an industrial injury on September 7, 2009. She reported when lifting a pot containing corn she turned and experienced pain in the neck and lower back. The injured worker was diagnosed as having bilateral lumbar facet joint pain L4-L5 and l5-S1, lumbar facet joint arthropathy, chronic low back pain, chronic neck pain, cervical facet joint pain, cervical facet joint arthropathy, left shoulder pain, and depression. Treatments and evaluations to date have included acupuncture, MRIs, physical therapy, and medication. Currently, the injured worker complains of bilateral low back pain and bilateral neck pain. The Primary Treating Physician's report dated June 8, 2015, noted the injured worker's current medications as Wellbutrin and Albuterol. The injured worker's prior medications were listed as Neurontin, MS Contin, Norco, Tramadol ER, and Morphine. Physical examination was noted to show tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints, with cervical and lumbar range of motion (ROM) restricted by pain in all directions. Lumbar discogenic provocative maneuvers, including pelvic rock, were positive bilaterally. The treatment plan was noted to include prescriptions for MS Contin as it was noted to provide 50 percent improvement of her around the clock pain and 50 percent improvement in activities of daily living (ADLs) such as self-care, dressing, and Norco as it provided 50 percent improvement in her breakthrough pain and 50 percent improvement in her activities of daily living (ADLs) such as self-care, dressing. The injured worker was noted to be up to date with her pain contract with previous urine drug screens

(UDSs) consistent with no aberrant behaviors and no adverse reactions. The injured worker was noted to be not working, on permanent partial disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (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. 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.