

Case Number:	CM15-0125789		
Date Assigned:	07/10/2015	Date of Injury:	02/15/2007
Decision Date:	09/10/2015	UR Denial Date:	06/09/2015
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: Arizona, Michigan

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 54 year old female, who sustained an industrial injury on February 15, 2007. She reported neck and low back pain due to cumulative trauma. The injured worker was diagnosed as having complex regional pain syndrome of the right upper extremity, chronic neck pain, persistent low back pain, disc protrusion at lumbar 4-5 per MRI, right shoulder pain, MRI of the shoulder from February 14, 2008, showed an anterior tear only, and depression-anxiety. Diagnostic studies to date have included: The medical records refer to an MRI of the lumbar spine on June 5, 2006, which revealed a disk protrusion at lumbar 4-lumbar 5, but the report was not included in the provided medical record. On October 27, 2009, an MRI of the cervical spine revealed no disk herniation or central canal stenosis. The medical records refer to two electrodiagnostic studies were negative, but the dates of the tests and their reports were not included in the provided documentation. Treatment to date has included chiropractic therapy, physical therapy, acupuncture, work modifications, a home exercise program, stellate ganglion blocks, a spinal cord stimulator trial with little benefit, a functional restoration program, and medications including opioid analgesic, muscle relaxant, anti-epilepsy, antidepressant, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: 1986, August 20, 2005, April 12, 2006, and May 31, 2007. Comorbid diagnoses included history of depression. Work status: Not able to work since October 2014. On May 28, 2015, the injured worker complained of ongoing pain of the right upper extremity. In addition, she complained of ongoing low back pain with radicular symptoms down the right lower extremity. The treating physician noted decreased symptoms in the right upper extremity form

the sympathetic block performed on the prior Friday. She was scheduled for another sympathetic block on the following day. The physical exam revealed no significant changes. The treatment plan includes continuing Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: The long term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, the California Medical Treatment Utilization Schedule (MTUS) guidelines also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. The medical records show that a urine drug screen from October 24, 2014 was consistent, the Controlled Substance Utilization Review and Evaluation System (CURES) report from May 11, 2015 showed the injured worker was getting her medication from only 1 provider, and the injured worker signed an updated opioid treatment agreement between the injured worker and physician on April 27, 2015. However, there is lack of documentation of risk assessment profile, attempt at weaning/tapering and ongoing assessment of the effectiveness of the medication. In addition, the injured worker is diagnosed with and treated for anxiety and depression. These are considered red flags and have not been shown to have good success with opioid therapy. The provider does not detail extenuating circumstances for opioid usage in the context of anxiety and depression. Therefore, the Norco is not medically necessary.