

Case Number:	CM15-0126270		
Date Assigned:	07/10/2015	Date of Injury:	10/15/1998
Decision Date:	09/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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: Internal 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 61-year-old male, who sustained an industrial injury on 10/15/1998. The mechanism of injury was not made known. According to a progress report dated 05/04/2015, chief complaints included neck pain, left hand paresthesias and shoulder pain. Nerve conduction studies had been done and were normal. He continued to complain of paresthesias as well as pain in his left hand and neck. Medications included Flexeril, Ambien and Norco. The injured worker reported that he was having a difficult time getting his Norco. Physical examination demonstrated normal speech and normal gait. He was alert and oriented. There was no erythema, swelling or warmth of the bilateral wrist joints. Passive range of motion of the bilateral wrist was about 50 to 60 percent. Gross sensation was intact. Neck flexion/extension was about 50 to 60 percent. Extension was painful. Impression included left wrist and hand pain with paresthesias, neck pain and shoulder pain. The injured worker continued to have chronic pain. The treatment plan included acupuncture, continuation of home exercises, continuation of medications and a follow up in four weeks. According to a progress report dated 06/01/2015, chief complaint included neck pain and hand paresthesias. Pain continued to be the same intensity as before. Medications included Norco, Flexeril and Ambien. Physical examination demonstrated normal speech and normal gait. He was alert and oriented. No further physical examination was done. Impression included chronic neck pain with paresthesias. The injured worker was permanently disabled. The provider noted that he was going to give him a prescription for his medications. The injured worker was to follow up in four weeks. An authorization request dated 06/01/2015 was submitted for review. Requested services included Norco 10/325 mg 1 every 8 hours for

pain #90, Flexeril 5 mg 1 every night #30 and Ambien 10 mg 1 every night #30. Progress reports dating back to 01/21/2015 were submitted for review and showed that the injured worker was utilizing Norco at that time. Currently under review is the request for Norco 10/325 mg #90 1 tablet every 8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90, 1 tablet every 8 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include 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 the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case, documentation fails to demonstrate adequate objective evidence of functional improvement with use of opioid analgesics to support the medical necessity for continued use of opioids. Additionally, there was no discussion of an opioid contract between the provider and injured worker or risk assessment profile documented. In the absence of significant response to treatment, the request for Refill Norco 5/325 is not medically necessary.