

Case Number:	CM15-0170340		
Date Assigned:	09/10/2015	Date of Injury:	01/16/2012
Decision Date:	10/14/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female who sustained an industrial injury on January 16, 2012. The worker was employed as a fare inspector for a transportation company. The accident occurred while walking she stepped up onto a curb and her right knee buckled causing her to fall with resulting injury. There is also narrative description of being punched in the neck by a co-worker. An initial pain management evaluation dated May 04, 2015 reported previous treatment to include: activity modification, medications, injections, physical therapy, chiropractic care, and acupuncture treatment, utilized a transcutaneous nerve stimulator unit, and ultimately right knee surgery. Present subjective complaints are: pain in head, neck, right shoulder, right arm, right elbow thumb, bilateral legs and knees. She also reports having urinary incontinence. Current medications are: Roxicodone, Percocet, and Tylenol with codeine, Vicodin, Norco, Flexeril, Orphenadrine, ibuprofen, Relafen, Toradol, Zolpidem, Lorazepam, Amitriptyline, Trazodone, Nortriptyline, Topiramate, Omeprazole, Sumatriptan, and Tramadol. She is currently not working. The following diagnoses were applied: cervicalgia; chronic pain syndrome, and headaches. An Opioid agreement noted signed. Follow up dated July 15, 2015 reported unchanged subjective complaint, medication regimen. The plan of care noted: continuing with the following medications: Norco 10mg 325mg, Topiramate, Sumatriptan, Nortriptyline, Flexeril, Omeprazole, Ultram, and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: The current request is for Norco 10/325mg, QTY: 30.00. The RFA is dated 08/20/15. Previous treatment has included activity modification, medications, injections, physical therapy, chiropractic care, acupuncture treatment, a transcutaneous nerve stimulator unit, and right knee surgery (04/08/15). The patient is not working. MTUS, Criteria for use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/12/15, the patient presents with pain in the head, neck, right shoulder, right arm, right elbow thumb, bilateral legs and knees. Current medications are: Roxicodone, Percocet, and Tylenol with codeine, Vicodin, Norco, Flexeril, Orphenadrine, ibuprofen, Relafen, Toradol, Zolpidem, Lorazepam, Amitriptyline, Trazodone, Nortriptyline, Topiramate, Omeprazole, Sumatriptan, and Tramadol. The patient rates her pain as 9/10, "but as 5 at its best and 10 at worst". The patient reported avoiding work, socializing, exercising, household chores, etc. due to pain. Pain is relieved with rest and medications. The patient was advised to continue medications through PTP. Opioid agreement was signed on this day and UDS was performed. The patient has been prescribed Norco since at least 05/04/15. MTUS requires appropriate discussion of all the 4A's; however, the treater has only provided generic statements regarding efficacy, and does not discuss any specific functional improvement, changes in ADL's or change in work status to document functional improvement. All the 4A's have not been addressed; therefore, this request is not medically necessary and recommendation is for slow weaning per MTUS.