

Case Number:	CM15-0173739		
Date Assigned:	09/15/2015	Date of Injury:	09/10/2009
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 40 year old female, who sustained an industrial injury on 9-10-2009. The medical records indicate that the injured worker is undergoing treatment for discogenic cervical condition associated with headaches and facet inflammation, right shoulder impingement, rotator cuff strain, and bicipital tendinitis. According to the progress report dated 8-13-2015, the injured worker complains of neck and upper extremity pain. The level of pain is not rated. In addition, she reports headaches. The physical examination of the cervical spine reveals tenderness along the paraspinal muscles, pain along the facets, and pain with facet loading at C3 through C7. The current medications are Norco, Flexeril, and Mirtazapine. There is documentation of ongoing treatment with Norco since at least 4-2-2015. Treatment to date has included medication management, physical therapy, hot and cold wrap, TENS unit, MRI studies, electrodiagnostic testing, and injection therapy. Work status is described as not working. The original utilization review (8-25-2015) partially approved a request for Norco #60 (original request for #120) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. Her dosage has doubled since April 2015. A previous review recommended this medication for weaning only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 MG #120 is determined to not be medically necessary.