

Case Number:	CM15-0076498		
Date Assigned:	04/28/2015	Date of Injury:	08/05/2012
Decision Date:	05/29/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 (IW) is a 33 year old male who sustained an industrial injury on 08/05/2012. The initial injury is not described. The injured worker was diagnosed as having headaches, rule out OSA (obstructive sleep apnea), Tourette's disease tics, anxiety, right shoulder pain, cervicgia. Currently, the injured worker complains of shoulder pain with numbness, tingling, spasm and cramping in hands, insomnia with increased snoring, and periods of things going "dark" for 3 seconds about three times a week. The IW complains of blacking out twice this month with loss of vision and tinnitus for approximately 10-20 seconds. He complains of headaches that stopped completely with Botox for about a month and a half. Treatment to date has included Botulinum toxin injection, Omeprazole, Norco, Prozac, and CPAP. The worker is on modified work status with light duty. The treatment plan includes continuation of the listed treatments and medications, repeat polysomnogram for CPAP titration, and referral to an orthopedic physician for orthopedic evaluation and treatment for shoulder. The Norco prescription is under review.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: The request is for continuance of Norco 10/325 mg, #90 for chronic pain. The CA MTUS guidelines related to ongoing use of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use and side effects. MTUS notes that a recent epidemiologic study found that opioid treatment for chronic nonmalignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The long-term use of opioids is not recommended for chronic pain. The records submitted demonstrate no improved functioning (unable to work) and no significant pain relief with Norco. In addition, this patient has obstructive sleep apnea and period of "blacking out," which are worrisome in a patient taking opioids. This request is deemed not medically necessary.