

Case Number:	CM13-0032987		
Date Assigned:	12/06/2013	Date of Injury:	11/21/2007
Decision Date:	04/09/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49 year-old female with a date of injury of 11/21/2007. The listed diagnoses per [REDACTED] dated 08/27/2013 are: 1) Recurrent neck pain and associated headaches 2) Left occipital neuralgia 3) Cervicogenic headaches 4) Status post right shoulder arthroscopic surgery 2009 5) Lumbar strain/sprain 6) Right lower extremity radicular symptoms 7) Anxiety and depression 8) Right extensor tendonitis According to report dated 08/27/2013 by [REDACTED], the patient presents with increasing neck pain, headaches and upper extremity radicular symptoms on the left side. Patient headaches and neck pain radiates into the left shoulder down the left arm. There is also pain across the upper back. She complains of headaches and occipital neuralgia. She has ongoing low back pain affecting the right left with numbness and tingling. Treater states patient is taking Norco 10/325 up to four a day for break through pain. Visual analog scale on this date is rated at 7-8/10 with the use of current medications. Patient previously rated her pain at 10/10. Patient notes increase in function and stability to participate in activities of daily living with current medication. Patient reports improvement in quality of life with medications and states "she would be confined to her bed or chair is she does not have these medications." The patient continues to stay with prescription guidelines and has a signed pain medication agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg PRN #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria use of Opioids Page(s): 60 &61, 88 & 89.

Decision rationale: Treater is requesting Norco 10/325mg on an as needed basis for breakthrough pain, max four per day. Utilization review dated 09/24/2013 modified certification from #120 to #60 to allow for initiation of a taper order due to lack of "specific measurable or observable functional benefit from Norco." For chronic opiate use, MTUS Guidelines page 88 and 89 require functional documentation using a numerical scale or validated instrument at least once every 6 months, documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore, under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. Review of reports show this patient has been taking Norco since 01/16/2013. The treater, in his subsequent monthly progress reports from 02/25/2013 to 08/27/2013, indicates the efficacy of Norco in terms of patient's decrease in pain, increase in ADLs and improvement in quality of life. In addition, the treater utilizes a visual analog scale to measure patient's pain level with and without medications. Report dated 02/25/2013 goes on to document that the patient was able to decrease her Norco usage from 6 to 3 or 4 per day. She is noted to have continued improvement in function with ability to sit, stand and walk for longer periods. Report dated 05/06/2013 continues to document patient's "improvement in her ability to participate in activities of daily living" including doing things around her home with her usage of Norco. In this case, the treater and patient have both documented the efficacy of Norco. The request for Norco 10/325mg #120 is medically necessary and certified.