

Case Number:	CM13-0036945		
Date Assigned:	12/13/2013	Date of Injury:	01/10/2002
Decision Date:	02/04/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/22/2013

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, has a subspecialty in Pain Medicine 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 injured worker is a 45-year-old male with a date of injury of January 10, 2002. The injured worker has documentation of neck pain and low back pain, with radiation of the neck pain into the bilateral upper extremities. There is a history of fusion at C5 to C7, and prior electrodiagnostic studies demonstrated C-5 radiculopathy in December 2012. Conservative treatment has consisted of chiropractic care, acupuncture, Flexeril, naproxen, Neurontin, tramadol extended release, Remeron, Effexor, trazodone, and Norco. A utilization review performed on October 7, 2013 recommended weaning the patient from Norco. The rationale for this was that the "patient's pain has increased and function has decreased despite using opioid analgesics long-term, making their continued use inappropriate." The reviewer cited as evidence that the pain was rated seven out of 10 without medications and 4 to 6 out of 10 with medications on July 2, 2013. Then on August 14, 2013 the patient rated his neck pain eight out of 10 and back pain seven out of 10 in states he is unable to perform chores around the house. The reviewer recommended decreasing from a prescription of 170 Norco tablets to a prescription of 128.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prospective prescription of Norco #170: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria for Initiating and Ongoing Management Page(s): s 76-80.

Decision rationale: In the case of this injured worker, there does appear to be documentation that they Norco is helping decrease pain. In a progress note on date of service November 6, 2013, the neck pain is rated a nine out of 10 and the back pain is rated seven out of 10, but the Norco decreases the pain to four out of 10. The patient is currently not working and does minimal chores. He is able to wash dishes and do some laundry. In cases such as this, it is often difficult to distinguish the true functional benefit of narcotic medication unless there is a trial weaning. Despite the use of opioids, this patient is still unable to work and has difficulty with activities of daily living. Furthermore, there does not appear to be screening for aberrant behaviors, which is also a requirement of the Chronic Pain Medical Treatment Medical Guidelines. Given this, the utilization review determination to reduce the quantity of Norco is upheld.