

Case Number:	CM13-0061133		
Date Assigned:	12/30/2013	Date of Injury:	08/07/2006
Decision Date:	05/09/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert 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 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/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 73 year old female who was injured on 08/07/2006 while. The mechanism of injury is unknown. Prior treatment history has included electroacupuncture which she reported significant functional improvement and improved mobility. The patient's medications as of 01/24/2014 include: (Patient's medications by all providers) Neurontin 100 mg capsule 1 cap by mouth twice daily Norco 10-325 mg 1 tablet by mouth every 8 hours Butrans 10 mcg/hr. Patch Voltaren 1% Gel apply 1-4 grams to area as directed Tizanidine Hcl 2 mg 1 tab by mouth once a day The patient's medications as of 12/27/2013 include: (VAS with medications was 7/10 and without medications was 10/10) Neurontin 100 mg capsule 1 cap by mouth twice daily Norco 10-325 mg 1 tablet by mouth every 8 hours Butrans 10 mcg/hr Patch Voltaren 1% Gel apply 1-4 grams to area as directed Tizanidine Hcl 2 mg 1 tab by mouth once a day The patient's medications as of 10/04/2013 include: (VAS with medications was 4/10 and without medications was 7/10) Qualitative drug screen was performed on 12/27/2013 and test results detected acetaminophen, hydrocodone, and hydromorphone. Pain Medicine Re-evaluation dated 01/24/2014 states the patient complained of neck pain that radiated to the left. The pain is rated as 8/10 with medications and 9/10 without medications. The patient reported limitations with activities of daily living pertaining to self-care, hygiene, and sleep. The patient reported no changes in medications being prescribed. On examination of the cervical spine, there was tenderness noted in the left paravertebral C5-C7 area upon palpation. The pain was significantly increased with flexion, extension and rotation. Motor exam shows decreased strength. There was tenderness noted at the left anterior shoulder, left posterior shoulder and left shoulder. The range of motion of the left shoulder was decreased due to pain. The diagnoses was cervical disc degeneration, cervical radiculitis, cervical radiculopathy, right knee pain, left shoulder pain,

myositis/myalgia, osteoarthritis, medication related dyspepsia, and status post left shoulder surgery. The patient developed opiate tolerance due to long-term opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 WITH A REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation ODG TWC 2013 Pain, Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, DOSING Page(s): 75, 76-80, 86-87.

Decision rationale: According to the CA MTUS guidelines, Norco is indicated for moderate to moderately severe pain. It is classified as a short-acting opioids, which are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The Pain Medicine Re-evaluation dated 01/24/2014, states the patient complained of neck pain that radiated to the left. She reported limitations with activities of daily living pertaining to self-care, hygiene, and sleep. The patient reported no changes in medications being prescribed. The pain is rated as 8/10 with medications and 9/10 without medications. The medical documents do not support continuation of opioid pain management. There is no documented improvement with opioid treatment. There was no mention of improved quality of life. The patient has developed opioid tolerance. The patient has not returned to work and improved pain and function has not been demonstrated. Therefore, the request for Norco 10/325mg #90 with a refill is not medically necessary and appropriate.