

Case Number:	CM13-0069635		
Date Assigned:	01/03/2014	Date of Injury:	08/08/2006
Decision Date:	04/21/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/23/2013

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 and is licensed to practice in California and Virginia. 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 53 year old female who was injured on 08/08/2006 when she lost her footing and fell hitting a wall and falling on the left side. Her diagnoses include: chronic lumbar strain, chronic cervical strain, left ulnar neuropathy, and left long finger sprain. Treatment history included chiropractic treatment, heat treatments, and acupuncture. The patient underwent left ulnar nerve anterior transposition on 05/01/2010. As of 11/15/2013, the patient's medications include: Metformin HCI 2000 mg, Glipizide 10 mg, Lisinopril 40 mg, Atorvastatin 20 mg, Aspirin 81 mg, Lantus 10 units, Soma 350 mg, Ambien 5 mg, and Norco 5 mg. A drug compliance screening on 09/20/2013 indicated the prescribed medicine, Zolpidem, was not detected; bupropion was detected but was not listed as a prescribed medication. A report dated 12/05/2013 documented the patient to have complaints of pain in the right shoulder and increased pain in the low back that is approximately 50% worse. A psychiatric report dated 11/15/2013 indicated that the patient stated she feels sad, without enthusiasm, initiative, nor the capacity to experience much in the way of pleasure. She stated life remains a chore. She also stated it is difficult for her to initiate even basic personal hygiene and get out of bed. She reports sleep disturbance with decreased energy and diminished ability to concentrate. The patient was expected to be started on a course of Paxil. The patient reported that she suffered significant levels of pain from the time of the original injury, through the present time. She has complaints of pain as fluctuating with a few episodes rated greater than 9/10 on a 10-point scale but also never less than 5/10, averaging level 6/10 to 7/10. A report dated 11/07/2013 indicated the patient does not take Ambien as prescribed and Soma makes her drowsy. She has severe neck pain rated as 9/10. Objective findings on exam revealed no changes. It was recommended that the patient start Norco 10/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-82. Decision based on Non-MTUS Citation Essentials of Pain Medicine and Regional Anesthesia, 2nd Edition, 2005. Chapter 12: Minor and Short Acting Opioids, pages 106 - 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Norco is a short-acting opioid that is recommended for chronic pain. Opioids are often used for intermittent or break-through pain. The guidelines further indicate that 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 non-adherent) drug-related behaviors. These domains have been summarized as the 4 As (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). In this case, this patient has chronic neck pain and has been prescribed Norco with no documentation of reduction in pain level, increased endurance, or functional improvement with the use of this medication. Therefore, the requested Norco is not medically necessary or appropriate.