

Case Number:	CM14-0010212		
Date Assigned:	02/21/2014	Date of Injury:	06/28/2004
Decision Date:	07/24/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 37-year-old female who has submitted a claim for cervical spondylosis without myelopathy, cervical intervertebral disc degeneration, cervical disc displacement, and lower limb mononeuritis associated with an industrial injury date of 06/28/2004. Medical records from 2008 to 2014 were reviewed. Patient complained of neck pain, graded 6/10 in severity, radiating to the left shoulder area. Pain was described as aching, tingling, stabbing, shooting, sharp, numbing, and constant. Patient likewise reported sleep disturbance and symptoms of depression. Physical examination of the cervical spine showed paracervical tenderness and positive cervical compression test. Tinel's test was positive at the left cubital tunnel. Tenderness was likewise present at left shoulder and left medial epicondyle. Sensation was diminished at the left ulnar nerve distribution. Motor strength was 4+/5 at left 4th and 5th digit muscle flexors. Reflexes were normal. Treatment to date has included cervical facet radiofrequency injections, medial branch blocks, left scalene block, left stellate ganglion block, physical therapy, chiropractic care, acupuncture, cervical traction, and medications such as Norco, Prilosec, Neurontin, amitriptyline, and topical creams. Utilization review from 02/06/2014 modified the request for Norco 5/325 mg, 1 tab q12 prn, #60 into #30 for weaning purposes since recent urine drug screens showed negative opioid levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5-325MG 1 TAB Q 12 PRN QTY 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress report citing prescription of Norco was dated July 2013. However, the exact date of initial intake is unknown given that the industrial injury occurred on 2004. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects from its use. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 5-325mg 1 TAB Q 12 PRN quantity 60 is not medically necessary.