

Case Number:	CM14-0139129		
Date Assigned:	09/12/2014	Date of Injury:	02/13/1995
Decision Date:	10/10/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/27/2014

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:

This is a 54-year-old female with a 2/13/95 date of injury; the mechanism of the injury was not described. The patient underwent anterior cervical fusion at C5-C6 in 1996. The progress notes indicated that the patient started using Amrix on 1/22/09 and Norco with Sumatriptan on 3/4/2011. The patient was seen on 9/8/14 with complaints of severe 8/10-neck pain, right arm pain and hand pain. The patient also reported headaches that were causing nausea and vomiting. The patient described the pain as pins and needles, constant, aching, burning and centered on the posterior neck. The pain was alleviated with applications of ice or heat and the patient noted impairment in her work duties and daily activities due to recent denial of Flexeril. Exam findings revealed tenderness to palpation at the posterior cervical area with the trigger point to the right C3-C4 and tenderness in the right trapezius muscle and scapula. The cervical range of motion was decreased due to pain. The sensory and motor examinations were normal in both upper extremities. The patient was taking Norco, Imitrex, Sumatriptan and Depakote ER. The diagnosis is status post cervical fusion, cervicgia, migraines, chronic pain and cervical facet pain. Treatment to date: medications. An adverse determination was received on 7/30/14. The request for Norco 10/325mg #120 with 2 refills was modified to 1 prescription of Norco 10/325 mg #68 given that despite of long-term use of Norco the patient reported pain level of 10/10 and there was no meaningful improvement in function or ability to carry out activities of daily living noted. The weaning off of the drug was recommended with the previous UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was using Norco at least from 3/4/11. However, given the 1995 date of injury, the duration of opiate use to date is not clear. The patient stated that Flexeril was relieving her pain, but there is a lack of documentation indicating continued analgesia and continued functional benefit from the use of Norco. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect a lack of adverse side effects or aberrant behavior. In addition, the UR decision dated 7/30/14 modified the request for Norco 10/325mg #120 with 2 refills to 1 prescription of Norco 10/325 mg #68 with no refills and the weaning off of this medication was recommended. Therefore, the request for Norco 10/325mg #120 with 2 refills was not medically necessary.