

Case Number:	CM14-0151737		
Date Assigned:	09/19/2014	Date of Injury:	03/04/2005
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a 52-year old woman who was injured on March 4, 2005 when she was pinned by a forklift. She has had multiple cervical spine surgeries and has chronic persistent pain which is managed on medications, a spinal cord stimulator and injections as needed. The latest physician office visit took place on July 31, 2014. The worker stated she had bilateral neck and shoulder pain, and mid-and upper back pain, which ranged from 5/10 on medications to 8/10 off medications. There is no specific pain improvement linked to any one specifically of her multiple medications. The worker denies medication side effects. She takes Cymbalta, Lidoderm, Omeprazole, Orphenadrine, Triazolam and Norco. Exam is notable for cervical paravertebral tenderness and restricted range of motion in all planes; and restricted range of motion in lumbar spine flexion and lateral bending of both sides. Diagnoses include right shoulder impingement syndrome and tendinosis, lumbosacral sprain, resolved left anterior thigh contusion and abrasion, right upper extremity chronic regional pain syndrome, anterior cervical discectomy and partial corpectomy with interbody fusion C5-6, and permanent implantation of cervical spinal cord stimulator. The notes state the worker has signed an opioid treatment contract and that she is subject to random urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 2 po Q 8hr #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Indication for moderate to moderately se.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list, Page(s):.

Decision rationale: Norco is hydrocodone with acetaminophen, and is indicated for moderate to moderately severe pain. This worker has chronic musculoskeletal pain. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs (as suggested by the step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain. This injured worker has been prescribed Norco for her chronic musculoskeletal pain. However, over the course of treatment, there is no evidence that her pain has been significantly improved on Norco compared to her other interventions, that her functionality has improved, that her medications have been decreased in dose, or that her ability to work has increased. Therefore, the request is not medically necessary.