

Case Number:	CM14-0153537		
Date Assigned:	09/23/2014	Date of Injury:	11/08/2004
Decision Date:	12/31/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family 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:

This is a 36 years old female patient who sustained an injury on 11/08/2004. The current diagnosis includes cervical strain, right cervical radiculitis, insomnia and anxiety. She sustained the injury due to cumulative trauma. Per the doctor's note dated 9/22/14, she had complaints of neck pain with radiation to the right scapular area and deltoid region, right shoulder pain and insomnia and anxiety. Physical examination revealed cervical spine - paracervical spasm, mild decreased range of motion and negative Spurling's test; right shoulder- tenderness, negative impingement and range of motion- flexion and abduction 140 degrees. The medication list includes Norco, Skelaxin and Xanax. She has had cervical spine MRI dated 12/29/2007 which revealed multilevel disc bulges; cervical MRI dated 1/12/2010 which revealed mild narrowing of the right C5-6 neural foramina and mild central canal stenosis at C3-4, C5-6 and C6-7. She has had electrical stimulator and home exercise program for this injury. She has had a urine drug screen test on 6/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-80. Decision based on Non-MTUS Citation
Official Disability Guidelines (ODG) Chapter: Pain (updated 11/21/14) Opioids, criteria for use

Decision rationale: This is a request for Norco, which is an opioid analgesic. It contains acetaminophen and hydrocodone. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic. These are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg #120 is not established for this patient.