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| Case Number: | CM14-0159869 | | |
| Date Assigned: | 10/03/2014 | Date of Injury: | 04/27/2005 |
| Decision Date: | 11/03/2014 | UR Denial Date: | 09/20/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Physical Medicine & Rehabilitation 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 47-year-old female with a 4/27/05 date of injury. The mechanism of the injury was not described. The patient was seen on 9/9/14 with complaints of ongoing neck pain radiating into bilateral arms, shoulders and hands. The patient stated that her pain was 10/10 without medications and 4-5/10 with medications and that she could not function or get out of bed without medications. Exam findings revealed decreased range of motion in the cervical spine, shoulders and wrists, positive Hawkins's test, positive drop arm test and positive impingement test bilaterally. The reflexes in the upper extremities were 2+ and the muscle strength was 5/5 in bilateral upper extremities. The sensory was decreased over bilateral median nerve distribution to pinprick and light touch and there was tenderness to palpation in the cervical paraspinals, anterior and lateral parts of bilateral shoulders and bilateral wrists. The patient was noted to be on Norco 10/325, Fentanyl patch 100mcg/hour, Neurontin 300mg, Lidoderm patch, Xanax, Phenergan and Prevacid. The diagnosis is cervical radiculopathy, cervical degenerative disc disease, neck pain, bilateral wrist pain, carpal tunnel syndrome and shoulder impingement syndrome, and depression. Treatment to date includes work restrictions, physical therapy, Fentanyl patch, Lidoderm patch and medications. An adverse determination was received on 9/20/14. The request for Norco 7.5/325mg #120 was modified to #45 given that the patient was utilizing Norco and Fentanyl patch which combined reached 270 MED and that there was a lack of overall improvement in the patient's function. The weaning process was recommended. Treatment to date: work restrictions, physical therapy, Fentanyl patch, Lidoderm patch and medications. An adverse determination was received on 9/20/14. The request for Norco 7.5/325mg #120 was modified to #45 given that the patient was utilizing Norco and Fentanyl patch which combined reached 270 MED and that there was a lack of overall improvement in the patient's function. The weaning process was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates 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 utilizing Norco at least from 5/14; however, given the 2005 date of injury, the duration of opiate use to date is not clear. In addition, the patient was utilizing Fentanyl patch simultaneously with Norco and her MED was 270; when the recommended limit due the Guidelines is 120 MED. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit and a lack of aberrant behavior. In addition, the recent urine drug test was not available for the review. Lastly, the UR decision dated 9/20/14 certified 45 tablets of Norco 7.5/325 for a purpose of weaning. Therefore, the request for Norco 7.5/325mg #120 is not medically necessary.