

Case Number:	CM14-0165741		
Date Assigned:	10/20/2014	Date of Injury:	01/31/1994
Decision Date:	11/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 66 years old female with an injury date on 01/31/1994. Based on the 09/02/2014 progress report provided by [REDACTED], the diagnoses are: 1. Neck pain 2. Post traumatic neck pain and upper back pain with muscle spasm. 3. Status post bi-lateral carpal tunnel syndrome, and evidence bilateral cervical neuropathy. According to this report, the patient complains of neck pain and right shoulder pain. The patient states that her hands are "becoming weaker and weaker. She is not driving. She drops things including her cup of coffee, and can't hold it." Physical exam reveals tenderness and spasm at the C2-C7 levels. "Neck movement is painful and very restricted." A 3+ tenderness is noted at the right shoulder, right hand, and left hand. Motor strength of the hands are 1-2/6 and right shoulder is 1-2/5. The patient is status post bilateral carpal tunnel syndrome. The 04/02/2014 report indicates the patient "continues to have severe neck pain and weakness in the arm. "There were no other significant findings noted on this report. The utilization review denied the request on 09/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/02/2013 to 09/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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 Medications for chronic pain Page(s): 88, 89, 76-78; 60-61.

Decision rationale: According to the 09/02/2014 report by [REDACTED] this patient presents with neck pain and right shoulder pain. The physician is requesting decision for Norco 10/325mg #120. Review of reports show no mentions of Norco and it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports shows documentation of ADL's. However, there were no documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No return to work or opiate monitoring is discussed such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.