

Case Number:	CM14-0021896		
Date Assigned:	05/09/2014	Date of Injury:	02/24/2006
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 represented [REDACTED] waitress who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 24, 2006. Thus far, the patient has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; MRI imaging of cervical spine of October 20, 2011, notable for multilevel degenerative changes and neuroforaminal stenosis; shoulder arthroscopy and manipulation under anesthesia surgery on January 2, 2007; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated February 5, 2014, the claims administrator partially certified a request for Norco as a 105-tablet supply of the same, so as to apparently allow the attending provider to submit evidence of improvement with ongoing opioid therapy if in fact existed. In a February 17, 2014 handwritten progress note, the patient was described as having ongoing issues with neck pain. It was stated that the patient requires pain medications and should either have neck surgery authorized or should be allowed pain medications to alleviate her pain. It was stated that the patient had never abused the pain medications in question. Work restrictions were endorsed. The overall documentation was sparse. There was no mention of whether the patient was working or not with said medications in place. In a Workers' Compensation Appeals Board stipulation and award letter, it was stated that the patient had received indemnity benefits between February 2006 and August 2007 at a rate of \$326 a week. It was stated that the patient was later given a permanent partial disability worth 13%. It did not appear that the patient had returned to work with permanent limitations in place. In a September 12, 2013 progress note, the patient's treating provider sought authorization with a cervical spine surgery and issued prescriptions for Neurontin, Vicodin, Motrin, and tizanidine. A rather proscriptive 3-pound lifting limitation was endorsed. It did not appear that the patient was working at that point in

time. It was stated that the patient's symptoms were temporarily partially relieved with ongoing usage of Vicodin and Motrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 5/325 MG #120/30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 75-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Norco is a short-acting opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the applicant has seemingly failed to return to work. The applicant received both total temporary disability and permanent partial disability benefits, and subsequently failed to return to any form of work. While the attending provide wrote on a few occasions that ongoing medication consumption was resulting in diminution in pain levels, there was no discussion of improvements in function achieved as a result of ongoing therapy. It is further noted that the attending provider stated in some reports that the applicant was using Norco and stated in other reports that the applicant was Vicodin. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest effective dose of opioids should be prescribed to improve pain and function. In this case, there was no rationale provided which would support provision of two separate short-acting opioids, Norco and Vicodin. Therefore, the request is not medically necessary, for all of the stated reasons.