

Case Number:	CM14-0029060		
Date Assigned:	06/16/2014	Date of Injury:	01/16/1998
Decision Date:	08/19/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 and Washington. 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 injured worker is a 63-year-old female who reported injury 01/16/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 05/09/2014 indicated diagnoses of headache mixed cervicogenic versus neurogenic, degenerative disc disease cervical, cervical radiculopathy, and unspecified myalgia and myositis. The injured worker reported worsening headaches, depression, and shoulder and neck pain. The injured worker had a history of fibromyalgia and depression. The injured worker reported increased right shoulder, neck, arm and hand pain, increased bilateral hand and arm pain, reported at 10/10 without medications, 8/10 with medications. She reported medications were keeping her functional allowing for increased mobility and tolerance of activities of daily living and home exercises. The injured worker reported no side effects were associated with her medications. On physical examination of the cervical spine, there was tenderness to palpation over the paraspinals and bilateral occipitals, range of motion revealed forward flexion of 50, right lateral flexion and left lateral flexion of 35, hyperextension of 55, right and left lateral rotation of 55. On physical exam of the thoracic spine, there was tenderness to palpation of the paraspinals. On physical examination of the lumbar spine, there was tenderness to palpation over the paraspinals at L4-5. The provider reported he was going to discontinue Norco and start the injured worker on Percocet. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Percocet, Omeprazole, Nizatidine, Zolpidem, Alprazolam, Cymbalta, Wellbutrin, Abilify, Topamax, and Norco (however, he put the Norco on hold). The provider submitted a request for Norco. A request for authorization dated 01/29/2014 was submitted for Norco; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120 FOR CERVICAL SPINE PAIN, AS AN OUTPATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Specific Drug List and Criteria for Use) Page(s): 91, 78.

Decision rationale: The request for Norco 10/325mg #120 for cervical spine pain, as an outpatient is not medically necessary. The California MTUS guidelines state that Norco/hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. As per the provider request, Norco has been discontinued. Therefore, the request for Norco is not medically necessary.