

Case Number:	CM14-0030863		
Date Assigned:	09/05/2014	Date of Injury:	03/06/2002
Decision Date:	12/31/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/11/2014

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, 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 46 year old with an injury date on 3/6/02. The patient complains of left-sided cervical pain, radiating to bilateral arms, radiating to the head, and down to the mid-back per 1/10/14 report. The patient states the pain is burning and numbing per 1/10/14 report. Based on the 1/10/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spondylosis - s/p C5-7 ACDF 2. cervical disc protrusion 3. cervical radiculopathy Exam on 1/10/14 showed "decreased C-spine range of motion. Full L-spine range of motion." The patient's treatment history includes medication, physical therapy, botox, trigger point injection, cortisone shots, epidurals, chiropractic treatment. The treating physician is requesting norco 10/325mg #60. The utilization review determination being challenged is dated 2/27/14. The requesting physician provided a single treatment report from 1/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88,89 76-78.

Decision rationale: This patient presents with neck pain, head pain, bilateral arm pain, and back pain. The treater has asked for Norco 10/325MG #60 on 1/10/14. It is not known how long patient has been taking Norco, but the patient is currently taking Norco, as the treater asks for a "refill" in his 1/10/14report. For chronic opioids 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." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse 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. In this case, the treater does not indicate a decrease in pain with current medications including Norco. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. This request is not medically necessary.