

Case Number:	CM14-0038205		
Date Assigned:	06/25/2014	Date of Injury:	10/28/2008
Decision Date:	08/26/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 56-year-old male who reported an injury on 10/28/2008. The mechanism of injury was lifting. The injured worker was diagnosed with cervical sprain/strain, degenerative disc disease of the cervical spine, shoulder sprain/strain, cervical post laminectomy syndrome and cervical disc with radiculitis, secondary insomnia, architectural sleep disturbance with compensable consequence and sexual dysfunction with compensable consequence. Diagnostic studies included an MRI of the cervical spine which was performed on 09/23/2013. Prior treatments included chiropractic care. Surgical history included a multilevel cervical laminoplasty with hardware on 01/14/2011. On 01/30/2014, the injured worker complained of sleep disturbances and reported being unable to fall back to sleep at night due to pain. The injured worker complained of right neck pain radiating to the thoracic and lumbar spine. The injured worker rated his pain at 7/10. He further reported medications were helpful with decreasing the pain, particularly the Hydrocodone. The injured worker stated that his pain was increased from the previous month. The provider indicated the injured worker had pain to his right upper extremity that felt like pins and needles which was constant. On 02/10/2014, the injured worker reported complaints of pain rated 7/10. On 03/10/2014, the injured worker reported complaints of right neck pain radiating to the thoracic and lumbar spine. The injured worker rates his pain at 4/10. He reported Hydrocodone was beneficial in pain relief and control and he denied any side effects. The injured worker indicated hydrocodone allowed him to continue activities of daily living and kept him functional. The injured worker stated without the medication the duration of his sitting, standing, and walking was diminished by as much as 50%. The injured worker denied any changes in the character, frequency, duration, severity, or location of pain since the visit prior. The injured worker's medication regimen included

Losartan, Atovastatin, Tradjenta, Hydrochlorothiazide, Aspirin, Norco, Metformin, Neurontin, and Amlodipine The physician's treatment plan was to continue the Norco for pain. The injured worker had returned to work with limitations and was performing clerical work at his office. The physician was requesting a Refill of Norco tablet, 325 mg - 7.5 mg 1 tab(s), orally, 3 times a day for 30 days, #90 refills 1 for the cervical spine pain. The physician recommended the medication as the injured worker stated that his pain was improved while utilizing the medication. The request for authorization form was signed on 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablet 325mg -7.5 mg #90 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The injured worker reported Hydrocodone was beneficial in pain relief and control and he denied any side effects. The injured worker indicated Hydrocodone allowed him to continue activities of daily living and kept him functional. The injured worker stated without the medication the duration of his sitting, standing, and walking was diminished by as much as 50%. The injured worker has improved enough to return to work but must do so with terms restricting him to clerical work at this time. The physician has not provided documentation of a drug urine screen being performed to monitor the injured worker's compliance with the full medication regimen. An adequate and complete pain assessment is not provided within the medical records. There is a lack of documentation indicating the injured worker has significant objectively measurable functional improvement with the medication. As such the request for Norco tablet 325mg -7.5 mg #90 with one refill is not medically necessary and appropriate.