

Case Number:	CM14-0045654		
Date Assigned:	06/27/2014	Date of Injury:	04/20/2000
Decision Date:	08/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/03/2014

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 59-year-old male who has submitted a claim for chronic neck pain, history of cervical discectomy and fusion with chronic spasm, C6-C7 fusion, ongoing cervicogenic headaches, a component of neuropathic burning pain across the neck and shoulder girdle, history of bipolar depression and anxiety disorder that is fairly stable with psychotropic medication, chronic low back pain with history of discogenic pain, and non-industrial benign prostatic hypertrophy and hypertension associated with an industrial injury date of April 20, 2000. Medical records from 2013-2014 were reviewed. The patient complained of persistent neck pain, rate 7-10/10 in severity. It radiates to his shoulders with associated spasm. The pain was characterized as burning and constant. Physical examination showed very limited neck range of motion. Cervical compression caused radiating pain the right shoulder blade. There was significant rigidity across the cervical paraspinal and cervical trapezius muscles. Loss of cervical lordotic curve was noted as well. Motor strength, sensation, and deep tendon reflexes were grossly intact. Imaging studies were not available for review. Treatment to date has included medications, psychotherapy, and activity modification. Utilization review, dated March 7, 2014, modified the request for 1 prescription of Norco 10/325mg #120 to 1 prescription of Norco 10/325mg #23 to initiate weaning because the improvement of pain is mild and changes in function were non-specific.

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 Hydrocodone/Acetaminophen.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since February 21, 2013. The most recent progress report, dated February 25, 2014, showed at least 50% functional improvement with the patient's medications versus not taking any medications at all. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. According to the recent progress report, urine drug screens have been appropriate but there was no documentation of any drug screening from the medical records submitted. There was also no documentation of adverse effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, #120 is not medically necessary.