

Case Number:	CM14-0051755		
Date Assigned:	07/07/2014	Date of Injury:	11/16/2002
Decision Date:	08/11/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 woman who sustained a work-related injury on November 16, 2002. Subsequently she developed chronic neck pain with radiation into the shoulders bilaterally. The patient underwent a left elbow surgery in 2003 and 2004, right shoulder surgery in 2003. According to a note dated on April 15, 2014, examination of the spine revealed tenderness upon palpation of the bilateral cervical paraspinal muscles overlying the C3-T1 facet joints, left worse than right. Cervical and upper extremity range of motion were restricted by pain in all directions. Cervical facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 2+ and symmetric bilaterally in the upper extremities. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in the upper extremities. Sensation is intact to light touch, pinprick, proprioception, and vibration in the upper extremities, except decreased to light touch in the left medial and ulnar at fingers. Medications include: Percocet, Lyrica, Naproxen, ambien, orphenadrine citrate, Metformin, Singular, Aciphex, Exalgo, Paxil, Norco, baby aspirin, and Clobex lotion. The patient was diagnosed with cervical facet joint arthropathy, cervical disc protrusion, cervical stenosis, cervical degenerative disc disease, cervical sprain/strain, bilateral upper extremity sprain/strain, and right shoulder derangement. The patient was recommended for a cervical spine surgery anterior cervical discectomy and fusion C4-C7 for her severe cervical pain that has failed conservative treatments. The provider requested authorization for the use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; The lowest possible dose should be prescribed to improve pain and function; Office: Ongoing review and 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains 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. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, she continued to have severe pain despite the use of opioids. There is no objective documentation of pain and functional improvement to justify continuous use of high narcotics dose in this patient. There is no recent evidence of objective monitoring of compliance of the patient with his medications. The provider reported that the patient has improvement of pain and function with the use of Ambien and Exalgo and the need to continue using Noroc is unclear. Therefore, the prescription of NORCO 10/325MG #90 with 2 refills is not medically necessary.