

Case Number:	CM14-0054090		
Date Assigned:	07/07/2014	Date of Injury:	08/08/2006
Decision Date:	12/25/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/23/2014

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 Rehabilitation & Pain Management 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 49 year old male with an injury date of 08/08/06. Based on the 03/05/14, 04/02/14, and 04/21/14 progress reports, the patient complains of neck pain, depression, and poor quality of sleep. In regards to the cervical spine, the patient has a restricted range of motion. Upon examination of the paravertebral muscles, he has tenderness and tight muscle bands on both sides. Tenderness is noted at the paracervical muscles and trapezius. The right shoulder has a positive Hawkins test, positive Speeds test, and tenderness in the biceps groove. The left shoulder has a restricted range of motion, positive Hawkins test, positive Neer test, and tenderness in the greater tubercle of humerus and over the clavicular origin of pectoral muscles. The most recent reports all provide the same information. No additional positive exam findings were provided. The patient's diagnoses include the following: 1.Cervical pain 2.Cervical facet syndrome 3.Post cervical lam. Syndrome The utilization review determination being challenged is dated 10/24/14. Treatment reports were provided from 10/23/13- 04/21/14.

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 Title 8, Effective July 18,2009..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88 and 89,78.

Decision rationale: According to the 04/21/14 report, the patient presents with neck pain, depression, and poor quality of sleep. The request is for NORCO for pain. The patient has been taking Norco as early as 10/23/13. The 11/20/13 report says that the patient's "current regiment of medication optimizes function and activities of daily living. According to patient medications are working well." The 01/10/14 report indicates that the patient's "medications are working well. No side effects reported." The 03/05/14, 04/02/14, and 04/21/14 report all state that "Norco reduces his pain from 9-10/10 to 6/10. He states he is able to sleep better with the help of Norco, and be independent in his ADLs." The 04/21/14 report also adds that "he is not functional without meds." The patient's current work status is temporarily totally disabled until 05/16/14. MTUS Guidelines page 88 and 89 states, "The patient 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 4 A's (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, while the treating physician provides general statements about how the medications are helpful, there are no significant changes in ADL's to demonstrate medication efficacy nor are there any discussions on aberrant behavior. No urine toxicology is provided as well as other chronic opiate management issues such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. Providing general statements are inadequate documentation when managing chronic opiates. Therefore the request is not medically necessary.