

Case Number:	CM14-0069319		
Date Assigned:	07/14/2014	Date of Injury:	06/01/1992
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/14/2014

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 Family 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:

This injured workers date of injury is August 1, 1992. This patient receives treatment for chronic posterior neck pain and bilateral periscapular pain with episodes of upper extremity pain and numbness. On December 17, 2013 the patient underwent multiple cervical nerve blocks. On February 16, 2014 the patient underwent radiofrequency ablation of the left side from C2 through C6. The treating physician's note dated July 28, 2014 states the patient's reported level of pain of neck and shoulder pain is 5/10. Activity worsens the condition. On exam the L upper extremity reflexes are 1/4. There is decreased sensation at C6 on the left. There is facet tenderness for C2 to C6 and muscle spasm is present.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Page(s): 88-89.

Decision rationale: This patient takes gabapentin, Nucynta ER 50 mg twice daily (mu-opioid receptor agonist), Percocet 5-325 mg every six hours (a short acting opioid acetaminophen

combo), and Naproxen 500 mg twice daily. This request is for Norco (hydrocodone 10 mg and acetaminophen 325 mg). The dose works out to be six a day in divided doses (60 mg of hydrocodone and acetaminophen 1950 mg). The medical documentation does not address the poly-pharmacologic nature of the current treatment regime. The patient already takes two opioids, one of which also contains acetaminophen. The notes do not address how the current regime improves function. Treatment guidelines with chronic opioid therapy require attention to the daily cumulative dose of the opioids as measured in morphine equivalents. In addition chronic opioid therapy may itself lead to hyperalgesia, and additional opioid administration may lead to increased pain. Based on the documentation, the request for Norco 10/325 mg, 180 count, is not medically necessary or appropriate.