

Case Number:	CM14-0081402		
Date Assigned:	07/18/2014	Date of Injury:	08/09/1997
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical Records reflect the claimant is a 67 year old male who sustained a work injury on 8-9-97. The claimant has been provided with a diagnosis of cervicalgia with right sided radiculopathy, cervicogenic headaches, myofascial syndrome and reactive sleep disturbance. The claimant is currently being managed with medications to include Norco, Paxil, Cymbalta, Fiorinal, Provigil, and Celebrex. The claimant is currently not working. Office visit from 5-5-14 notes the claimant's current VAS score is noted at 5-6/10. The patient continues to experience his typical issues in the cervical spine, which includes cervical muscle spasms as well as radicular pain in the upper extremities. He also continues to experience right shoulder pain with some decrease in range of motion. The patient notes numbness and tingling, as well as dysesthesias in the hands bilaterally, which are associated with the cervical issues. He continues to experience the moderate pain from cervicogenic headaches, which are also associated with the cervical spine. Currently he continues with the Norco 10/325 mg for general control of his pain. He also utilizes Celebrex for general pain. The patient has associated depression, anxiety and insomnia, due to the chronic pain, which is secondary to the previous industrial injury. Therefore, these issues continue to be addressed. Currently, he continues with Paxil for depression, Cymbalta for both depression and neuropathic pain. He does have some issues with daytime somnolence and he has continues with the Provigil with good benefit. Generally he continues to have good analgesia from his current medications. They do contribute to improvements in function and activities of daily living, both in and outside the home. The patient's current functional status remains quite stable. His pain scores remain in the moderate range. He has occasional severe exacerbations: however, these continue to be managed by his current medication regimen. He continues to note good analgesia with little in the way of side effects from the medications. At

this time he has improved function and is able to perform all necessary activities of daily living, both in and outside the home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Pain Chapter opioids.

Decision rationale: Chronic Pain Medical Treating Guidelines, as well as ODG, recommends that 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 nonadherent) drug-related behaviors. Although it is noted that the claimant reports functional improvement, this is not quantified. He still has pain noted to be 5/10. The claimant is not working. Documentation of how the medication provides functional improvement is not documented. It is also noted the claimant uses Provigil for daytime somnolence, which is an adverse effect from the dose of the Norco currently provided. Therefore, based on the records provided, the request for Norco 10/325 mg # 240 is not established as medically necessary.