

Case Number:	CM13-0052694		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2004
Decision Date:	12/09/2015	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/18/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 51-year old female who sustained an injury on 07/15/2004. A specific mechanism of injury has not been described. Prior treatment history has included Prilosec 20 mg to be taken twice a day, #60, Nuvigil Tabs, Restoril, Cymbalta, Norco 5-325 mg and Lyrica 75 mg capsules. Treatment to date has included physical therapy, occupational therapy, bilateral carpal tunnel release and medications. Diagnostic studies include a urine drug test performed 10/16/2013, which was negative. On 03/27/2013, an upper GI endoscopy was performed as well as on 06/4/2013. Clinical note dated 10/24/2013 from [REDACTED] states that the patient reports that the average pain without medication is 7/10, with the medications 4/10. The pain is rated at 5/10 on the pain scale. The medications prescribed are keeping the patient functional allowing for increased mobility and tolerance of ADL's and home exercises. No side effects are associated with these. Upon examination: Reflexes: Deep tendon reflexes in the upper and lower extremities are normal bilaterally. The mental status exam shows judgment and insight intact. The patient is oriented to time, place and person. On cervical exam inspection-deformity is normal. Palpation and tenderness abnormal. Thoracic exam inspection-deformity, palpation and tenderness normal. Sitting straight leg raise bilaterally negative. Toe walking and heel walking normal. On motor exam, the gait and posture are normal. There is spasm in the cervical region bilaterally. Decreased strength LUE and decreased RUE. Reflex exam shows deep tendon reflexes in the upper and lower extremities are normal bilaterally. She was diagnosed with cervicgia, neuralgia, neuritis, and radiculitis. The recommendation is the continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 5/325mg TID #90 with 3 refills (DOS: 10/15/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-82.

Decision rationale: This patient was diagnosed with cervicalgia, neuralgia, neuritis, and radiculitis. The provider has prescribed Norco 3/325 mg 1 PO Q8h. p.r.n. for severe arm/neck pain. As per the CA MTUS Guidelines, short-term use of Norco is recommended for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). This patient has been taking Cymbalta and Restoril and the provided documented that with prescribed medications patient has improved function, mobility and tolerance of ADLS and home exercises without side effects. It is unclear why another medication is prescribed when she was noted to have improvement with current medications. Additionally, guidelines indicate that there is limited assessment of effectiveness and efficacy of opioids for neuropathic pain with short-term studies showing contradictory results. Thus, the request is not medically necessary.