

Case Number:	CM14-0166985		
Date Assigned:	10/14/2014	Date of Injury:	04/06/2001
Decision Date:	07/07/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/09/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 74-year-old female, who sustained an industrial injury on 4/06/2001, due to cumulative trauma. The injured worker was diagnosed as having cervical and thoracic spine disc syndrome with sprain/strain disorder and radiculopathy and chronic pain syndrome with idiopathic insomnia. Treatment to date has included diagnostics, right carpal tunnel release 7/2001, left carpal tunnel release 11/2001, right trigger thumb release in 3/2002, left trigger thumb and ring finger trigger release 4/2002, and medications. On 9/15/2014, the injured worker complains of neck and mid back pain, stiffness, weakness, and generalized discomfort. A review of symptoms was unchanged. Pain was not rated. Functional difficulties were not noted. Objective findings included reduced cervical and thoracic range of motion, reduced sensation and strength in the bilateral C6 spinal nerve roots, tenderness and spasm in the cervical and thoracic paraspinals, and reduced sensation in the bilateral T4 spinal nerve roots. The treatment plan included medications, noting Norco, Lidocaine patches, and Ketoprofen topical creams, along with urine toxicology. Her work status was permanent and stationary. A prior progress report (4/29/2014) noted medication use with Lenza gel, MedRox patch, and Oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Hydrocodone; and Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 with one refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine disc syndrome with sprain strain disorder and radiculopathy; thoracic spine disc syndrome with sprained strain disorder and radiculopathy; and chronic pain syndrome idiopathic insomnia. The medical record contains 21 pages. There are three-progress notes in the medical record dated April 29, 2014; May 21, 2014; and August 15, 2014. The April 29, 2014 indicates current medications are Oxycodone 20 mg. The May 21, 2014 progress note shows Norco 10/325mg #120 was refilled. The August 15, 2014 progress note shows Norco 10/325 mg #120 was refilled. There are no detailed pain assessments or risk assessments. There is no attempt at weaning. Based on the clinical information in the medical record and the peer reviewed guidelines, Norco 10/325mg #120 with one refill is not medically necessary.