

Case Number:	CM14-0186441		
Date Assigned:	11/14/2014	Date of Injury:	10/23/2001
Decision Date:	01/05/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/10/2014

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 New York. 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 injured workers DOI is reported as 10/23/2001. It was reported to have been the result of excessive typing. The diagnosis is chronic pain syndrome. It presents as pain in the upper back, middle back arms and neck. Pain radiates from the neck to the back and each arm. The pain is described as an ache, burning, shooting, stabbing and numbness. Symptoms are aggravated by movement and ADL's. Pain is reported to range from 8/10 without medications to 4/10 with medications. Her condition was labelled permanent and stationary 09/23/2003. Over the course of time she has undergone a multitude of interventions to include trigger point injections, acupuncture, Botox, PT and various medications. Reports of a CT and MRI of her cervical spine were not available for review. The most recent study 07/23/2013 was summarized as finding cervical spondylosis most severe at C6-7 with a mild disc bulge eccentric to the L causing mild left sided foraminal narrowing. A neurosurgeon recommended an EMG but did not recommend surgical decompression of the neck based on the MRI findings stressing the use of continued conservative treatment. There has been confusion with regard to functional improvement versus pain. The member is reported to be working from home for a relative. The exact nature of the work and hours worked are not specified. This does not appear consistent with the statement that movement and ADL's are primary aggravating events for her pain. A review of previous UR's have consistently and repeatedly recommended weaning and then discontinuing the use of narcotic analgesics. Of note a recent trigger point injection was purported to have produced a 75% improvement with a 50% reduction in the use of narcotics that was sustained for 8 weeks. Despite statements to the contrary the injured worker has in various forms used large quantities of narcotic analgesic over an extended period time without success in returning to the workforce. The current issue for adjudication is a Non-Certification for the continued use of Norco 10-325 and modification to 30 tabs to allow for weaning and discontinuation of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 115

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 60, 77-97.

Decision rationale: Acetaminophen and Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. Continuation of the use of opioids would be best assessed on the basis of a return to work with evidence for improved functioning and reduced pain. The primary risk with continued use is that 36 to 56% of users have a lifetime risk for substance use disorders. Additionally there is the risk of diversion, tolerance and hyperalgesia. Norco is considered a member of the short-acting family of opioids and as such faces a much higher risk of rebound pain and subsequent misuse. This member was found to have had a stable condition with no documented evidence for reduction in pain or improvement in function related to the use of opioids over an extended period of time despite multiple UR's recommending weaning and discontinuation of narcotics. In the face of evidence for limited utility for improved function, recommendations for short term use and the ongoing risk for rebound pain and dependence, continued use of Norco cannot be supported. The UR decision for Non-Certification is supported. Weaning and discontinuation of narcotic analgesics are highly recommended in this case.