

Case Number:	CM14-0191222		
Date Assigned:	11/25/2014	Date of Injury:	08/19/1993
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 68 year old female with an injury date on 8/9/93. Patient complains of severe to moderate cervical pain that is constant per 10/6/14 report. The patient reports stiffness/crackling noise associated with neck movement along with pain rated 6/10 per 7/22/14 report. The patient denies radiation down arms or numbness/tingling per 7/22/14 report. The patient had chiropractic sessions which did not provide benefit, and treater is recommending a rhizotomy procedure per 10/6/14 report. Based on the 10/6/14 progress report provided by the treating physician, the diagnoses are: 1. Cervical disc disease. 2. Cervical radiculitis. 3. Cervical stenosis. 4. Lumbar disc disease. A physical exam on 10/6/14 showed "cervical range of motion is limited, with extension 15/60." The patient's treatment history includes medication, chiropractic (which he failed), physical therapy (mild relief), epidural steroid injection in 2011 (50% pain relief). The treating physician is requesting Norco 10/325 mg 1 PO 96 hours PRN for pain #120. The utilization review determination being challenged is dated 10/20/14. The requesting physician provided treatment reports from 7/22/14 to 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg 1 PO q6hrs prn for pain #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Medication for chronic pain Page(s): 88, 89, and 78, 60.

Decision rationale: This patient presents with neck pain. The treater has asked for Norco 10/325 MG 1 PO q6 hours PRN for pain #120 on 10/6/14. The patient does not have a history of taking Norco, but has been taking Vicodin since 7/22/14, "3 tablets per day" per 10/6/14 report, with "minimal improvement in his pain level" per 7/22/14 report. The Vicodin, NSAIDs (Mobic), muscle relaxants have offered "mild relief" per 10/6/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the patient has chronic cervical pain. The patient has not trialed Norco before, although he has been taking Vicodin for more than 2 months. The treater does not provide a rationale in the requesting PR-2 regarding the switch in opioid medication. Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. As the patient does not have a history of taking Norco, the requested trial of Norco is medically necessary.