

Case Number:	CM14-0197325		
Date Assigned:	12/05/2014	Date of Injury:	02/01/2004
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work-related injury on February 1, 2004. Subsequently, she developed chronic neck and back pain. According to the progress report dated October 2, 2014, the patient complained of neck pain going down the arm. She characterized her pain quality as aching, cramping, shooting, tender, and throbbing. The patient rated her pain at 3-6/10. Examination of the cervical spine revealed mild cervical protraction with corresponding loss of cervical lordosis. Cervical range of motion was: flexion limited by 40%, extension limited by 60%, right rotation limited by 40%, left rotation limited by 30%. There was moderate tight band, moderate spasm, and moderate tenderness along the bilateral cervical paraspinal muscles. Her cervical paraspinal symptoms had remained the same since the last visit. Spurling's maneuver was moderately positive at the bilateral C5 and bilateral C6 for radicular symptomatology. Facets loading maneuver was moderately positive at the bilateral C5-C6 and bilateral C6-C7 for axial neck pain. Her cervical facet tenderness had remained the same since the last visit. Hoffman's sign was positive for mild right upper limb hyper-reflexia. Examination of the wrists revealed restricted range of motion and moderate tenderness over the dorsal wrist and ventral wrist. Tinel's test was positive for paresthesia over the carpal tunnel. Sensation to light touch revealed diminished sensation. The patient's sensory disturbances have worsened since her last visit. There was mild reflex (2/4) at the bilateral biceps, at the bilateral brachioradialis. The patient was diagnosed with cervical post laminectomy syndrome, carpal tunnel syndrome, cervical radiculopathy, cervical stenosis, moderate obesity, spinal enthesopathy, mild cervical spondylosis with myelopathy, cervicgia, reversal of the cervical curve. The provider is requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #180 is not medically necessary.