

Case Number:	CM14-0199380		
Date Assigned:	12/09/2014	Date of Injury:	08/12/2006
Decision Date:	01/23/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/28/2014

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 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:

This injured worker is a 58-year-old female with a date of injury of 08/12/2006 and the mechanism of injury was not specified. Her relevant diagnoses include cervical herniated nucleus pulposus; left upper extremity radiculopathy; lumbar myoligamentous injury with herniated nucleus pulposus at L3-4; left lower extremity radiculopathy; status post anterior cervical discectomy and fusion C4-5 and C5-6; cervical spinal cord stimulator placement and removal; right knee total arthroplasty; patellar avulsion right knee; left knee total arthroplasty; bilateral carpal tunnel syndrome; and medication induced gastritis. Past treatments include medications and epidural steroid injections. Past diagnostic studies include EMGs, lumbar MRI and cervical MRI. Past surgical history includes anterior cervical discectomy and fusion at C4-5 and C5-6, cervical spinal cord stimulator placement and removal, right total knee arthroplasty, patellar avulsion of the right knee and left total knee arthroplasty. On 07/01/2014, the injured worker presented with continued complaints of ongoing and debilitating pain in her neck with headaches and symptoms radiating to her upper extremities. She self-rated her pain as 5 to 10 and is asking for a trigger point injection. Physical examination showed tenderness to the cervical muscles and the left shoulder. Examination of the lumbar spine revealed tenderness to palpation along the posterior musculature. According to documentation, the injured worker has been stable on her current medical regimen. The clinical notes documented the injured worker's current medical regimen is consistent with the most guidelines and is appropriate for this specific injured worker. The medications are the lowest dose possible. The injured worker has been able to cut back on the amount of OxyContin she takes on a daily basis from a total of 60 mg a day to 40 mg a day and continued to rely on Norco for breakthrough pain. The documentation further notes the injured worker is routinely monitored for at risk behavior with random urine drug screens, CURES review and the injured worker has signed the opioid treatment contract. Her

relevant medications include OxyContin, Norco, Prilosec, Ambien CR, Cymbalta and Lyrica; with the duration of the use of these medications is in excess of two years. The treatment plan is to continue the medication regimen and acupuncture twice a week for 6 weeks and return for follow-up. The request is for Norco 10/325 quantity 300 and the rationale is the injured worker reported good pain relief of greater than 50% and increased range of motion following the medication. The Request for Authorization form was not included in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325 quantity 300 is not medically necessary. The injured worker presented with neck pain and headache. The California MTUS Guidelines state there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for the pain relief; and how long it lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction or pain control is recommended. Given the above guidelines, the injured worker is not within the guidelines. There are no side effects listed in the submitted reports. There is no evidence that Norco was helping with any functional deficits the injured worker had. The documentation did not specify the medication relieved the pain. Furthermore, a drug screen was not submitted showing medication compliance. The request, as submitted, also did not provide the frequency of the medication usage. As such, the request for Norco 10/325 quantity 300 is not medically necessary.