

Case Number:	CM14-0205486		
Date Assigned:	12/17/2014	Date of Injury:	08/08/2006
Decision Date:	03/02/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female with an injury date of 08/08/06. The 11/10/14 progress report states that the patient presents with neck pain and difficulty with prolonged activities. The reports do not state if the patient is working. Examination reveals painful symptoms with motion of the neck and there is tenderness in the left paracervical with spasm and over the right paracervical with spasm in the trapezius. The patient's diagnoses include: Significant disc collapse with bone spur formation and moderate to severe stenosis at C4-5 and C5-6 and C6-7, Severe disc desiccation and moderate to severe foraminal stenosis L5-S1, Severe disc desiccation with moderate foraminal stenosis, L4-5 and Moderate disc collapse and facet disease T12-L1 and L1-2. The treating physician referred the patient for chiropractic treatment 10/30/14. No medications are listed other than Norco. Treatment reports were provided for review from 09/10/14 to 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 76-78.

Decision rationale: The patient presents with neck pain and difficulty with prolonged activity. The current request is for Norco 10/325 MG #90 per the 10/30/14 report. 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. The 10/30/14 report states that Norco improves the patient's cervical pain and her activity level and is used intermittently for more severe pain episodes. The treating physician notes that Norco is to be changed to Ultram or Tylenol with codeine on the next visit. The 4 A's are not documented as required by MTUS in the reports provided. Pain is not routinely assessed and pain scales or a validated instrument are not used. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. No UDS's are provided or discussed nor is CURES mentioned. There is no discussion of side effects or adverse behavior. No outcome measures are provided. The request is not medically necessary.