

Case Number:	CM14-0208613		
Date Assigned:	12/22/2014	Date of Injury:	05/30/2012
Decision Date:	02/19/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

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 52-year old male who has a date of work injury 5/30/12. The diagnoses include cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy and chronic pain. Under consideration is a request for Norco 10/325mg #90 for purposes of initiating a taper for discontinuation over the course of 2-3 months. The patient was seen on 11/17/14 by pain management. A progress report stated that there was neck pain radiating down the bilateral upper extremities to the right hand with numbness and neck spasms, thoracic back pain, and low back pain. The pain is rated at 7/10 with medications and 8/10 without medications. The patient reports that a sacroiliac injection provided minimal overall improvement. The patient reports activity of daily living limitations in the following areas activity, ambulation, sleep and sex. A 9/16/13 visit reports that that Norco is not effective. The cervical exam revealed healed surgical scars, tenderness to palpation of paravertebral muscles C4-7, decreased range of motion due to pain and intact sensory and motor exam. An 11/17/14 CURES report was consistent. The patient is not working. The treatment plan is to increase Butrans patch; renew Norco; increase Tizanidine. The patient is to follow up in a month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 76-78, 80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management; Weaning of Medications Page(s): 78-80; 123.

Decision rationale: Norco 10/325mg#90 for purposes of initiating a taper for discontinuation over the course of 2-3 months is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient has had no significant functional improvement and continues to have pain despite long term opioids use. The MTUS states that opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; Office visits should occur on a weekly basis; (h) Assess for withdrawal using a scale such as the Subjective Opioid Withdrawal Scale (SOWS) and Objective Opioid Withdrawal Scale (OOWS); & (i) Recognize that this may take months. The documentation indicates that opioids are not medically necessary, however the documentation does not indicate that the patient was instructed on the weaning process or that regular office visits will occur to assess for withdrawal. The request for Norco 10/325mg#90 for purposes of initiating a taper for discontinuation over the course of 2-3 months is not medically necessary.