

Case Number:	CM14-0210346		
Date Assigned:	12/23/2014	Date of Injury:	09/14/2006
Decision Date:	02/17/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, 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 50 year-old male with a 9/14/2006 date of injury. According to the 11/5/14 handwritten orthopedic report, the patient presents with 8-9/10 neck pain that radiates to the right upper extremity. The patient has history of failed C6/7 fusion, and failed ulnar nerve transposition. The diagnoses includes cervical spinal stenosis and joint pain- hand. The plan was to continue fentanyl patches 50mcg #10 and Norco 10/325mg #10 and refer out to pain management. The 10/17/14 pain management report states the patient was at work taking an airplane flight and was placing luggage in an overhead bin and injured his neck, he had anterior fusion at C6/7 in 2007. He had multiple MRIs and electrodiagnostic studies and underwent ulnar transposition, but states it did not help. There are 2 pain management narrative reports, and 2 handwritten orthopedic reports provided for this review from 9/3/14 through 11/5/14. None of the reports detail pain reduction or functional improvement with any of the medications. The 9/3/14 pain management report states "He takes Fentanyl Patches and uses Norco and Soma, and this seems to control his pain" On 11/17/14 utilization review denied 10 tablets of Norco, stating that it had been used since at least Dec. 2013, and notes the patient was provided #180 tablets on 9/3/14. The reviewer uses the MTUS guidelines for a therapeutic trial of opioids and states there is no legible reports of efficacy and recommends weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient was prescribed 10 tablets of Norco 10/325mg #10 on 11/5/14. The patient was also reported to be using Fentanyl 50mcg patches and Soma. The earliest report provided for review is a pain management report from 9/3/14 and states the medications "seems to control his pain". None of the provided medical reports discuss pain reduction or functional improvement with medications. The MTUS Chronic Pain Medical Treatment Guidelines, pages 88-89 Criteria for Use of Opioids for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS states a "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The available documentation does not support a satisfactory response to medications. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. The MTUS does not recommend continuing treatment if there is not a satisfactory response. The request for Norco 10/325mg #10 is not medically necessary.