

Case Number:	CM14-0211146		
Date Assigned:	12/24/2014	Date of Injury:	10/20/2012
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal Medicine, 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 injured worker (IW) is a 48-year-old woman with a date of injury of October 20, 2012. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are cervical pain; cervical degenerative disc disease; right C6 radiculopathy, right rotator cuff strain; chronic pain syndrome; headaches; and low back pain. Pursuant to the progress report dated November 12, 2014, the IW complains of neck pain radiating to both arms, more on the right side with numbness and tingling. She is currently taking Norco and Soma with good benefit. Medications help the IW with her physical activities. She complains of nausea, insomnia, headaches, and depressions. Examination of the cervical spine reveals tenderness in the paracervical muscles and in the upper trapezius. Range of motion is decreased in all fiends. The provider reports that despite treatment, the IW continues to have significant neck pain with radicular symptoms. She is currently getting psychotherapy, which is helping. Urine drug screens and CURES reports have been consistent. There is a signed opioid agreement in the chart. The provider is recommending a refill of Norco. The IW was taking Vicodin as far back as October 20, 2012, according to a clinical note with the same date. It is unclear when the Vicodin was changed to Norco. The IW has been getting refills of Vicodin/Norco since October of 2012. There are no detailed pain assessments in the medical records. There is no evidence of objective functional improvement associated with the ongoing use of Norco. The current request is for Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical pain; cervical degenerative disc disease; right C6 radiculopathy; right rotator cuff strain; chronic pain syndrome; headaches; and low back pain. The injured worker is a 47-year-old woman with a date of injury October 20, 2012. The documentation indicates the injured worker still complains of pain prior to medications. There is pain relief with opiate use, however, the pain returns. The injured worker has been taking Vicodin as far back as October 20, 2012. The documentation is unclear as to when Vicodin was increased to Norco. The documentation does not contain evidence of objective functional improvement with continued use. Despite the long-term use of Norco (previously Vicodin), the injured worker has not shown overall significant improvement. Consequently, absent clinical documentation to support the ongoing use of Vicodin, evidence of objective functional improvement, and no overall significant improvement, Norco 10/325#180 is not medically necessary.