

Case Number:	CM15-0003073		
Date Assigned:	01/14/2015	Date of Injury:	04/01/1999
Decision Date:	03/10/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This is a 61 year old female with an industrial injury dated 04/01/1999. On 12/16/2014 the IW presented for follow up. The provider notes she continues to lead a busy and productive life with a full time job. Her pain continues to be moderately well controlled with the combination of pacing, avoidance of aggravating activities and medications. She has a primary complaint of neck pain described as throbbing, shooting, stabbing and burning rated as 6 at the worst with an average of 3. Physical exam revealed limited and painful range of motion of cervical spine. There were tight ropy traps with trigger points. The provider notes CURES report is consistent with prescribed medications and urine toxicology screen in summer of 2014 was within normal limits for medications prescribed. Prior treatments include anti-inflammatory medications, anti-depressants, physical therapy and steroid injections. On 12/26/2014 Utilization Review modified the request for Norco 10/325 quantity 1080 to Norco 10/325 quantity 360 noting, based on the currently available information the medical necessity for this narcotic has been established. MTUS Guidelines were cited. On 01/07/2015 the injured worker submitted an application for IMR review of the request for Norco 10/325 quantity 1080 (3 months' supply.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #1080: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #1080 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 opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are cervical degenerative disease; and chronic pain. The injured worker is 61 years old and a date of injury April 1, 1999. The injured worker is requesting Norco 10/325 mg #1080. Subjectively, the injured worker complains of neck pain. The VAS score is 3/10 on average and 6/10 at its worst. Objectively, the cervical spine range of motion is limited. There are no neurologic deficits present. Usual adult dosage is one tablet every 4 to 6 hours as needed for pain. The total daily dose should not exceed six tablets. The injured worker takes 12 tablets per day. The documentation in the medical record does not contain objective functional improvement, although subjective documentation is present in the medical record. There are no risk assessments in the medical record. There is no clinical rationale to explain why #1080 Norco 10/325 mg are indicated in one batch. According to the California Medical Board Guidelines for prescribing controlled substances for pain, patients with pain managed with controlled substances should be seen monthly, quarterly or semiannually as required by the standard of care. (California 1994). Consequently, absent clinical documentation with objective functional improvement and a clinical rationale to explain why #1080 Norco 10/325 mg tablets are required in one batch (with Norco 10/325 mg tablets #12 per day in excess of the recommended daily dose), Norco 10/325 mg #1080 is not medically necessary.