

Case Number:	CM15-0009297		
Date Assigned:	01/27/2015	Date of Injury:	08/09/2006
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 is a 59 year old female, who sustained an industrial injury on August 9, 2006. Her diagnoses include cervicgia, chronic pain syndrome, cervical 5-cervical 6 herniated disc, and intervertebral disc degeneration. She has been treated with x-rays of the cervical spine on September 9, 2014, computed tomography scan of the cervical spine on September 26, 2014, physical therapy, home exercise program, heat/ice, home cervical traction, and oral and topical pain medications. On December 5, 2014, her treating physician reports worsening of the injured worker's neck pain. The injured worker has increased headaches, which she feels are related to her neck pain. There were light flashes preceding the headache on both sides. The physical exam revealed decreased cervical range of motion with stiffness. The neurological exam was unremarkable. The treatment plans includes continuing the oral pain medication, a trial of a migraine medication, and take a non-steroidal anti-inflammatory and pain medication at the start of a headache. The claimant had been on Norco and Fentanyl for pain since at least May 2014. In December 2015, her pain ranged from 6-8/10 which was similar to pain levels 4-5 months prior. .On December 18, 2014 Utilization Review non-certified a prescription for Norco 10-325mg #150, noting the lack of documentation of symptomatic or functional improvement from the long-term use of the medication. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term use of Opiates.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months along with Fentanyl without significant improvement in pain or function. The continued use of Norco is not medically necessary.