

Case Number:	CM15-0100956		
Date Assigned:	06/03/2015	Date of Injury:	11/12/2001
Decision Date:	07/08/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, 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 67-year-old male, who sustained an industrial injury on 11/12/2001. Diagnoses have included bilateral carpal tunnel syndrome and intervertebral disc disorder with myelopathy, cervical region. Treatment to date has included surgery, therapy and medication. According to the progress report dated 4/8/2015, the injured worker complained of neck pain and bilateral arm pain. Exam of the neck showed decreased range of motion; triceps and biceps were strong. Authorization was requested for Norco. The patient sustained the injury due to cumulative trauma. The medication list includes Norco, gabapentin and Zanaflex. The patient's surgical history includes cervical fusion and CTR, left shoulder arthroscopy. Patient has received an unspecified number of PT visits for this injury. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG #60 30 Day Supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS. Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 7.5/325 MG #60 30-Day Supply. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids like Tramadol and other non opioid medications, without the use of Norco, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided Based on the clinical information submitted for this review and the peer reviewed guidelines referenced, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic and the medical necessity of Norco 7.5/325 MG #60 30 Day Supply is not fully established for this patient. Therefore, this request is not medically necessary.