

Case Number:	CM15-0103688		
Date Assigned:	06/08/2015	Date of Injury:	01/05/2006
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/29/2015

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: Pennsylvania
 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 48-year-old female, who sustained an industrial injury on January 5, 2006. The injured worker was diagnosed as having cervicalgia, postlaminectomy syndrome of the cervical spine, and carpal tunnel syndrome with possible right cubital tunnel syndrome. Treatment to date has included cervical spine surgeries, physical therapy, occipital nerve block, facet injections, and epidural steroid injection (ESI), MRIs, x-rays, and medication. Currently, the injured worker complains of pain in the neck radiating to the right shoulder, with pain in the right arm, lower back, buttocks, right thigh, and right leg, and vertigo, visual problems, and headaches. The Treating Physician's report dated April 30, 2015, noted the injured worker reported her predominant pain was the headaches, rated as an 8/10 with the pain ranging from between a 6-10/10. The cervical spine examination was noted to show tenderness from the occipital to the cervicothoracic junction as well as along the right greater than left shoulder girdle, with sensation decreased in the right upper and lower extremities circumferentially matching no particular dermatomal pattern. Tinel's test was positive at the right elbow and right wrist, with Phalen's positive at the right wrist only, and the shoulder range of motion (ROM) producing right shoulder girdle pain. A urine drug screen (UDS) performed April 30, 2015, was noted to be negative for all medications, inconsistent with current medications, awaiting the official results. The treatment plan was noted to include refilling the Norco, a prescribed trial of Pamelor, and possible need for updating the electromyography (EMG) study of the right upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, the worker had not returned to work and there was no documentation of any improvement in function or reduction in pain. In fact, there was no measurement of response to Norco in regards to pain or function. In this case, there is insufficient documentation of the assessment of pain and function in response to opioid use and no evidence if this worker is gaining any benefit from Norco to substantiate the medical necessity for Norco. This request is not medically necessary.