

Case Number:	CM15-0104367		
Date Assigned:	06/08/2015	Date of Injury:	01/16/2006
Decision Date:	07/09/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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:

The injured worker is a 59 year old male who sustained an industrial injury on 01/16/06. Initial complaints and diagnoses are not available. Treatments to date include medications, a cervical epidural steroid injection, and physical therapy. Diagnostic studies include a MRI of the cervical spine and electrodiagnostic studies. Current complaints include neck pain. Current diagnoses include chronic cervicgia with left upper limb radiculopathy, neuroforaminal stenosis, myofascial pain syndrome, and left ulnar nerve neuropathy. In a progress note dated 04/22/15 the treating provider reports the plan of care as medications including Elavil and Norco, as well as home exercise program and a urine drug screen on the date of service. The requested treatments include Norco and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 91 and 124.

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 Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 75 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, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic severe cervicalgia with left upper extremity radicular pain secondary to cervical degenerative disc disease and disc protrusion with radiculitis; neuroforaminal stenosis; myofascial pain syndrome; and left ulnar nerve neuropathy. Documentation from the earliest progress note in the medical record dated October 1, 2014 shows the injured worker was taking OxyContin 20 mg, Soma 350 mg and gabapentin 300 mg. A urine drug toxicology screen showed cannabis and Vicodin (inconsistent results). The injured worker reports he ran out of medication and took his wife's Vicodin in their place. The most recent progress of the medical record is dated April 22, 2015. The injured worker has continued pain in the neck with radicular symptoms with a 6/10 pain score. The worker takes Norco 10/325 mg three times daily. There is no objective evidence of functional improvement documented in the medical record associated with ongoing Norco. There were no risk assessments for detailed pain assessments in the medical record. The injured worker has a history of inconsistent urine drug toxicology screens (April 18, 2014) whereby the injured worker uses wife's opiate medications. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco 10/325 mg, risk assessment and detailed pain assessments, Norco 10/325mg # 75 is not medically necessary.