

Case Number:	CM15-0104421		
Date Assigned:	06/08/2015	Date of Injury:	07/22/2010
Decision Date:	07/09/2015	UR Denial Date:	05/13/2015
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 45 year old female who sustained an industrial injury on 07/22/2010. Mechanism of injury was cumulative with injuries to her left shoulder, soft issue of the neck, left elbow, left wrist, left upper and left lower arm. Diagnoses include cervical spine pain, and left upper extremity radiculitis. Treatment to date has included diagnostic studies, medications, and cervical epidural injections. A physician progress note dated 04/16/2015 documents the injured worker still has loss of range of motion in the cervical spine. He has palpable tenderness and muscle guarding present. Spurling's test is positive. The injured worker continues to work full time. According to a physician note dated 02/18/2015 the injured worker has a diagnosis of left C3-4 intervertebral disc herniation with kyphosis and C4 radiculopathy, left C5-6 foraminal stenosis and C6 radiculitis. She has previously denied surgery. The injured worker has been on Norco from at least 07/02/2014. Treatment requested is for Norco 10/325mg, QTY: 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

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 #60 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 pain complaints unresolved. The earliest progress note in the medical record containing a Norco 10/325 mg refill is January 20, 2015. The progress note references a November 2014 progress note with refills for Norco. The most recent progress note in the medical record is dated April 16, 2015. Norco 10/325 mg #60 is refilled. There are no subjective complaints in the medical record. Objectively, there is decreased range of motion and tenderness to palpation of the cervical paraspinal muscle groups. There is no objective functional improvement documented throughout the medical record. There were no risk assessments and no detailed pain assessments in the medical record. Consequently, absent clinical documentation evidencing objective functional improvement to support the ongoing use of Norco 10/325 mg, risk assessments and detailed pain assessments, Norco 10/325mg #60 is not medically necessary.