

Case Number:	CM15-0015793		
Date Assigned:	02/03/2015	Date of Injury:	09/01/2005
Decision Date:	12/10/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female who sustained an industrial injury on 9-1-2005 and has been treated for neck pain and bilateral carpal tunnel syndrome. She was status post carpal tunnel release in 2006 and 2007; C5-C6 fusion in 2007; and, C4-C5 fusion 6-25-2013. MRI of 1-9-2012 was stated as showing fusion, central disc herniation at C4-5, with no evidence of myelomalacia. On 12-1-2014 the injured worker reported "ongoing" neck and bilateral upper extremity pain with numbness and tingling in both hands and wrists. Objective findings included swelling over both wrists, and tenderness to palpation at the lower cervical region including pain with extension and flexion. Documented treatment included Neurontin and Norco. On 12-19-2014, Norco was noted as bringing pain down from 3-4 out of 10 to 1-2 out of 10 on a VAS rating scale, and enabling her to engage in home exercise. CURES report was cited to be specific to only this provider, it was noted that there were "no aberrant behaviors," and a urine drug screen was included dated 6-16-2014. As of that date, the injured worker was noted to have been using Norco for at least 1.5 years. The treating physician's plan of care included a request for authorization submitted 12-12-2014 for 2 months supply of Norco 10-325 mg #120 which was conditionally non-certified on 1-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioid for at least 1.5 years in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The 1 Prescription of Norco 10/325mg #120 is not medically necessary and appropriate.