

Case Number:	CM15-0132121		
Date Assigned:	07/20/2015	Date of Injury:	03/05/2003
Decision Date:	08/14/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61-year-old male who sustained a work related injury March 5, 2003. A laboratory report, dated December 22, 2014, revealed inconsistent drug results. According to a physician's comprehensive office visit notes, dated June 18, 2015, the injured worker presented with complaints of severe pain by turning his head to the right side which radiates to his right shoulder and upper arm with an increase in muscle spasms on the right side of the neck. The pain had subsided for a few months after a radiofrequency rhizotomy was performed. Past treatment included; radiofrequency rhizotomy median branch C3, C4, and C5; C6-7 and C7-T1 radiofrequency rhizotomy. There is tingling, numbness, and a sudden catch when he rotates his neck to the right side, and range of motion has decreased over the last 3-4 months. Cervical spine examination revealed; Spurling's positive on the right, negative on the left; cervical rotation on the right is less than 5 degrees and at 10 degrees there is sharp shooting pain, with extension restricted to 0 degrees. There is spasm right paramedian in the upper and middle right cervical spine, although bilateral, right is greater than left. There is decreased sensation in the C4 and C6 dermatome on the right side. Current medication included Fenoprofen, Gabapentin, and Cyclobenzaprine. Diagnoses are cervical spondylosis; cervical radiculopathy right side C3-4 and C5-6. At issue, is the request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg #50 is not medically necessary.