MAXIMUS Federal Services

Case Number:	CM15-0139988		
Date Assigned:	07/29/2015	Date of Injury:	10/09/2006
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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, Hawaii
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 45-year-old female, who sustained an industrial injury on 10-09-2006. Diagnoses include neck pain, bilateral upper extremity pain, headaches, gastroesophageal reflux disease (GERD), depression and anxiety, and shortness of breath and fatigue. Treatment to date has included surgical intervention (cervical anterior fusion L4-L5 in 2010 and bilateral carpal tunnel release in 2009), as well as diagnostics, modified duty, medications, cervical epidural steroid injections and cervical medial branch block on the right and left. Current medications include Norco, Tizanidine, Prilosec, Amitriptyline and Topamax.Per the Primary Treating Physician's Progress Report dated 5-26-2015, the injured worker reported ongoing neck and upper extremity pain. She continues to do well on the current medication regimen. Current pain medications bring the pain level down from 9 out of 10, to 3 out of 10. She continues to have significant relief from Botox injections for headache. Physical examination revealed no significant change. The most recent exam findings record some tenderness to palpation in the cervical paraspinal muscles. The plan of care included medication management and authorization was requested for Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg Qty 90 DOS 05/26/2015: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81 and 124.

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

Decision rationale: The attending physician report dated 5-26-15 indicates the patient has ongoing complaints of neck and upper extremity pain. The current request is for Retroactive request for Norco 10/325mg QTY: 90 DOS 5-26-15. The attending physician report dated 5-26-15, page 399 (b), states that the Norco brings her pain level down from 9/10 to 3/10 and recommends ongoing Norco prescription. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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 for documentation of the clinical use of these controlled drugs. In this case, there is documentation of severe pain, which is reduced with opioid usage. There is also documentation of increased functional activity such as preparing and cooking meals. The records indicate that there are no side effects or aberrant behaviors to the medication. The records also indicate that her last drug screen was consistent and that an updated and signed pain agreement is on file. As such, the current request is medically necessity.