

Case Number:	CM15-0146703		
Date Assigned:	08/07/2015	Date of Injury:	11/01/2007
Decision Date:	09/04/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/28/2015

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 58-year-old female who sustained a work related injury November 1, 2007. Past history included status post bilateral carpal releases with re-release on the right, right ulnar entrapment at Guyon's canal, bilateral deQuervain's tenosynovitis (status post releases bilaterally) right shoulder impingement syndrome, diabetes, facet rhizotomy, and Botox and trigger point injections. According to a pain and rehabilitative physician's assistant's notes, dated July 10, 2015, the injured worker presented for follow-up of chronic neck pain and cervicogenic headaches due to cervical disc degeneration. She also reports bilateral upper extremity pain. The pain is located in the neck and upper trapezius and increases when she turns her head. She uses Norco, which decreases her pain by 70-80% allowing her to perform; laundry, washing dishes, cleaning the bathroom, and going grocery shopping. She reports that a spine specialists consultation recommended a cervical epidural steroid injection and to reserve surgery as a last option. AN MRI of the cervical spine, performed May 7, 2015, revealed C4-C5 anterolisthesis with improvement of previously noted disc protrusion, and moderate left neural foraminal stenosis; C5-C6 worsening retrolisthesis and mild disc protrusion, with mild to moderate central spinal canal stenosis. Current medication included Pristiq ER, Hydrocodone-APAP, Gabapentin, Pennsaid, Glipizide, Metformin, Clonazepam, Trazodone, and insulin. Diagnoses are cervical disc degeneration; ulnar nerve lesion; lateral epicondylitis; radial styloid tenosynovitis; headache. At issue, is the request for authorization for Hydrocodone-APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap 10/325mg quantity 180.00: Upheld

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

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's file, Norco was used since at least 2011 without documentation of significant functional improvement. In addition, there is no mention, in the documents presented for review of an updated and signed pain contract. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.