

Case Number:	CM15-0161751		
Date Assigned:	08/27/2015	Date of Injury:	11/12/2001
Decision Date:	10/02/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/17/2015

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: Family Practice

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 68 year old female, who sustained an industrial injury on 11-12-2001. Diagnoses include status post cervical fusion, cervical spine radiculitis, right knee pain, cervical myofascial pain and cervicogenic migraine. Treatment to date has included surgical interventions of the cervical spine (fusion, 2002 and foraminotomy, 2004), and conservative measures including medications, psychiatric evaluation and treatment, and transcutaneous electrical nerve stimulation (TENS). Per the handwritten Pain Management Progress Report dated 7-22-2015 the injured worker reported neck pain and pain in both shoulders, both knees and both hips. She rated her pain with medications as 5 out of 10 and without medications as 8-9 out of 10. Physical examination revealed reduced range of cervical motion. Bilateral grip strength was 3 out of 5. There was positive tenderness to the bilateral trapezius with spasm. The plan of care included refill medications, weight loss program, home exercise, NSAIDs and ice and follow up care. Authorization was requested for Norco 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78-82, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the cervical spine and R knee. This relates back to an industrial injury dated 11/12/2001. This review addresses a request for refills of Norco 10/325 mg #150. The patient has failed neck surgical syndrome, having had two cervical spine operations; one in 2002 and the other in 2004. On examination there is a positive Spurling's test, decreased strength in the grip, and tenderness on palpation from C3 to T1. The handwritten notes are hard to read. The medications prescribed include Flexeril 10 mg TID, gabapentin 1200 mg a day, and Cymbalta 60 mg a day. Norco 10/325 mg contains 10 mg of hydrocodone, an opioid, per pill. Five tabs a day would be 50 mg of hydrocodone. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco 10/325 mg is not medically necessary.