

Case Number:	CM15-0180748		
Date Assigned:	10/13/2015	Date of Injury:	08/29/2013
Decision Date:	11/24/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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 46 year old male who sustained an industrial injury on 8-29-13. A review of the medical records indicates he is undergoing treatment for cervical facet arthropathy, myofascial pain, right median neuropathy, bilateral carpal tunnel syndrome, bilateral AC joint arthritis and impingement, bilateral ulnar neuropathy, depression, cervicogenic headache, post-concussion headache, and temporomandibular joint disorder (TMJ). Medical records (2-18-15 to 6-17-15) indicate ongoing complaints of neck pain and headaches. The records indicate that the headaches are "bilateral" involving the occipital area and radiating to "the front." He rates his pain "6-7 out of 10". He reports that his neck pain "rarely" radiates to his arms bilaterally. He describes his pain as "sharp, burning, pins and needles, and numbness and tingling." The physical exam (6-17-15) reveals tenderness over the mastoid processes, frontal and temporal areas. "Significant" clicking is noted on both sides of the temporomandibular joints, "worse on the right." "Tightness" is noted in the masseter muscles. Diagnostic studies have included a cervical spine MRI. Treatment has included acupuncture, radiofrequency ablation, trigger point injections, bilateral occipital nerve block, a bone replacement graft for teeth numbers 7, 8, and 9 with "guided tissue regeneration and free soft tissue graft" for the same teeth, and medications. His medications include Lyrica 75mg twice daily, Zolpidem 10mg, Omeprazole 20mg, Nortriptyline 50mg daily, and Norco 10-325 four times daily. He has been receiving Norco since, at least, 2-18-15. The utilization review (9-3-15) includes a request for Norco 10-325mg #120 with no refills. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 MG #120 with No Refills (Prescribed 6-17-15): 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 for chronic pain, Medications for chronic pain.

Decision rationale: The 46 year old patient complains of headaches, neck pain, and bilateral jaw pain, rated at 7/10, as per progress report dated 08/13/15. The request is for Norco 10-325 mg #120 with no refills (prescribed 6-17-15). There is no RFA for this case, and the patient's date of injury is 08/29/13. The patient is status post radiofrequency ablation at C3-4 and C4-5. Diagnoses also included cervical facet arthropathy, myofascial pain, right knee over right neuropathy, bilateral carpal tunnel syndrome, bilateral AC joint arthritis and impingement, bilateral ulnar neuropathy, depression, cervicogenic headache, post-concussion headache, and TMJ issues. Medications included Norco, Nortriptyline, Lyrica and Zolpidem of which Lyrica and Nortriptyline have been denied. The patient has been allowed to work with restrictions, as per the same report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 01/06/15. It is not clear when the opioids were initiated. In progress report dated 07/22/15, the treater states that with Norco, the patient is able to "do some of his basic ADLs including taking care of his daughter." There is no aberrant behavior or abuse. CURES report was consistent, as per report dated 06/17/15. The treater, however, does not document specific change in pain scale due to opioid use nor does the treater indicate objective functional improvement using validated instruments, or questionnaires with specific categories for continued opioid use. MTUS requires specific examples that indicate an improvement in function and states that "function should include social, physical, psychological, daily and work activities." In this case, treater has not addressed the 4A's adequately to warrant continued use of this medication. Hence, the request is not medically necessary.