

Case Number:	CM15-0182430		
Date Assigned:	09/23/2015	Date of Injury:	03/07/2000
Decision Date:	11/03/2015	UR Denial Date:	08/30/2015
Priority:	Standard	Application Received:	09/16/2015

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, Massachusetts
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 3-07-2000. The injured worker was diagnosed as having right cervical facet mediated pain-improved post radiofrequency and cervical myofascial pain. Treatment to date has included diagnostics, radiofrequency of cervical facet joints, transcutaneous electrical nerve stimulation unit, steroid injections, exercise, and medications. Currently (8-18-2015), the injured worker complains of neck and right shoulder pain and headaches. Per the progress report dated 5-03-2012, the injured worker's medications included Norco 10-325mg every 4-6 hours as needed for pain, at which time pain was rated 3 out of 10 (documented 2 out of 10 at last visit on 7-21-2015). His medication regimen was documented as "working very well for him recently is up to 60mg of hydrocodone per day for pain and 4-8mg of Tizanidine at night for sleep". The hydrocodone started working in 30 minutes, lasted 4 hours, and reduced pain from 7 out of 10 to 3 out of 10. With medication, he was able to play 9 holes of golf, garden, go fishing, run errands, and "generally has good quality of life". CURES (Controlled Substance Utilization, Review and Evaluation System) and urine toxicology were documented as in compliance. It was documented that he did not appreciate relief from non-steroidal anti-inflammatory drugs. His physical exam noted "sitting in some mild distress" and "normal gait, normal stance and swing phase with no analgesic component". Cervical palpation noted trigger points with referral-2 right paracervical and 2 upper trapezius. Cervical range of motion was "good" with some stiffness. Upper extremity range of motion was "within normal limits", motor strength was 5 out of 5, and sensation was intact to touch. His work status was "disabled". Per the request for authorization

dated 8-24-2015, the treatment plan included Norco 10-325mg #180, modified to Norco 10-325mg #58 by Utilization Review on 8-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

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.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently continued use of opioids is supported by the medical records and guidelines as being medically necessary.