

Case Number:	CM15-0192007		
Date Assigned:	10/06/2015	Date of Injury:	08/22/2012
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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 53 year old female, who sustained an industrial injury on 08-22-2012. The injured worker is currently able to return work with modifications. Medical records indicated that the injured worker is undergoing treatment for neck pain with radiculopathy. Treatment and diagnostics to date has included cervical spine surgery, home exercise program, and medications. Current medications include Norco and Amitriptyline. No urine drug screen noted in received medical records. After review of progress notes dated 07-21-2015 and 08-25-2015, the injured worker reported "no improvement since last visit" and still has pain-tightness to neck and upper back which is rated 7 out of 10 "most of the time". Objective findings included limited range of motion of neck. The treating physician noted that Ibuprofen was discontinued due to gastrointestinal upset. The Utilization Review with a decision date of 09-03-2015 denied the request for Norco 10-325mg #90 (however, one time approval for weaning only).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 (Rx date 08/25/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The 53 year old patient complains of pain and tightness in neck and upper back along with upper arm pain, as per progress report dated 08/25/15. The request is for Norco 10/325mg #90 (Rx DATE 08/25/15). There is no RFA for this case, and the patient's date of injury is 08/22/12. Diagnoses, as per progress report dated 08/25/15, included neck pain with radiculopathy. Medications included Meloxicam, Norco and Amitriptyline. The patient is status post neck surgery, as per progress report dated 07/21/15. The pain is rated at 7/10, as per this report, and diagnoses included neck pain, facet arthropathy, right arm pain, and possibility of cervical radiculopathy. The patient is on modified duty, as per progress report dated 08/25/15. 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/24 hrs." In this case, Norco is first noted in progress report dated 02/19/15. It is not clear when this medication was initiated. The patient also used Butrans patch but it did not lead to any improvement in pain, as per progress report dated 05/12/15. In progress report, dated 06/09/15, the treater states "Norco is relieving some pain but she states is [it] does not relieve pain completely." The patient has been given Colace to manage constipation associated with narcotics, as per progress report dated 07/21/15. It appears that the patient is not getting the desired benefits from Norco. The treater 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." No UDS or CURES reports available for review to address aberrant behavior. 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.