

Case Number:	CM15-0193821		
Date Assigned:	10/08/2015	Date of Injury:	02/15/1999
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old female, who sustained an industrial injury on 2-15-1999. The injured worker was being treated for chronic neck pain, status post cervical fusion, and radicular symptoms in the arms. Treatment to date has included diagnostics, cervical spinal surgery, and medications. Currently (9-17-2015), the injured worker complains of "troublesome neck pain", rated at up to 6-7 out of 10 (rated 7 out of 10 on 7-16-2015), with some radiating pains in both arms. The treating physician documented that her condition was "stable" and she required medications in order to achieve "adequate pain control to perform activities of daily living". It was documented that she was "unable to further reduce her use of opioids". Physical exam findings "have not changed". Medications included Fentanyl patch, Norco (10-325mg twice daily as needed), and Diazepam. A "Requested Report" report dated 8-27-2014, in response to Utilization Review, noted that "she has used Norco for over 10 years for a problem of chronic neck pain". Urine toxicology was not submitted. Work status was not currently documented. The treatment plan included Norco 10-325mg #60, non-certified by Utilization Review on 9-21-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Norco to justify use per the guidelines. The medical necessity of Norco is not substantiated in the records.