

Case Number:	CM15-0194185		
Date Assigned:	10/08/2015	Date of Injury:	05/20/2011
Decision Date:	11/19/2015	UR Denial Date:	09/29/2015
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: 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:

This is a 58 year old male who sustained an industrial injury on 5-20-2011. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury with concussion, cervical strain with cervical disc disease, history of carpal tunnel syndrome, and depression. According to the progress reports dated 4-21-2015 to 8-25-2015, the injured worker complained of chronic neck pain. He reportedly had some improvement after local injections, but there was concern that he had a lack of fusion in the neck. Per the report dated 6-22-2015, the injured worker was taking pain medication without any significant benefit in his symptoms. On 7-29-2015, the injured worker was noted to be getting some relief from Gabapentin and Norco. Per the treating physician (6-22-2015), the injured worker was temporarily totally disabled. The physical exam (8-25-2015) revealed tenderness over the sternocleidomastoid muscle and cervical paraspinal muscles bilaterally. Treatment has included cervical fusion (2012), trigger point injections, psychological counseling and medications. Current medications (8-25-2015) included Gabapentin, Norco (since at least 4-21-2015) and Lyrica. The original Utilization Review (UR) (9-29-2015) denied a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

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 58 year old patient complains of chronic neck pain, as per progress report dated 08/25/15. The request is for NORCO 10/325 mg #90. The RFA for this case is dated 08/25/15, and the patient's date of injury is 05/20/11. Diagnoses, as per progress report dated 08/25/15, included closed-head injury with contusion, laceration to the vertical scalp requiring six staples to control, cervical strain with cervical disc disease under assessment for possibility of broken plate and lack of fusion, chronic obstructive sleep apnea, muscle contraction with vascular headaches, depression, h/o carpal tunnel syndrome, and h/o of low back pain. Medications included Gabapentin, Norco and Lyrica. The patient is status post C4-C6 ACDF on 03/08/12, as per progress report dated 06/22/15. Diagnoses, as per this report, also included cervicogenic suboccipital headaches, and r/o pseudoarthrosis C4-6. The patient is temporarily totally disabled, as per the same progress 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, a prescription for Norco is first noted in progress report dated 02/24/15. While the patient is taking the medication consistently since then, it is not clear when opioids were initiated. An UDS was performed during the 04/13/15 visit. In progress report dated 09/29/15 (after the UR denial date), the treater states the patient "should continue with this pain treatment program. He has been on this for some period, having significant neck pain. He has had a long, chronic pain condition and would benefit from not having this interrupted." 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." No CURES reports available for review to address aberrant behavior. There is no discussion regarding side effects of Norco as well. 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.