

Case Number:	CM15-0194199		
Date Assigned:	10/08/2015	Date of Injury:	09/30/2009
Decision Date:	11/24/2015	UR Denial Date:	09/05/2015
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:

The injured worker is a 55 year old female who sustained an industrial injury on 09-30-2009. According to a progress report dated 08-19-2015, the injured worker reported neck pain that was described as a dull ache that could also be felt as sharp stabbing like sensations. Pain was worse with certain movement. On a scale of 0-10, pain was rated 9 without medication and 9-10 with medication. Current medications included Butrans patch 15 mcg per hour every 7 days, Lunesta 1 mg 1-2 tabs every bedtime as needed, transdermal compounded pain creams, Norco 10-325 mg #90 and Nortriptyline 25 mg 2 tabs every bedtime. Physical examination was not documented. Diagnoses included chronic pain syndrome, spinal enthesopathy, neck pain, cervical radiculopathy, fasciitis unspecified, thoracic outlet syndrome and shoulder pain. Urine toxicology was performed and was noted as positive for Oxycodone. An authorization request dated 08-27-2015 was submitted for review. The requested services included Butrans patch 15 mcg, Norco 10-325 mg, Lunesta 1 mg, Sonata 10 mg and Nortriptyline 25 mg. Documentation shows use of Norco dating back to 02-26-2015 at which time pain level was rated to 8 on a scale of 0-10 with medication. Documentation shows long term use of opioids. Urine toxicology performed on 05-21-2015 was positive for Acetaminophen, Nortriptyline, Hydrocodone, Hydromorphone, Dihydrocodeine and Norhydrocodone. Negative and inconsistent findings included Buprenorphine, Oxazepam, Temazepam and Zaleplon. On 09-05-2015, Utilization Review modified the request for Norco 10-325 mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list.

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 patient presents with neck pain. The request is for NORCO 10/325 MG QTY 90. The request for authorization is dated 08/27/15. The patient is status post cervical epidural steroid injection, 04/02/15, which provided pain relief for about 2 1/2 weeks, but pain has now returned. Patient's diagnoses include chronic pain syndrome; spinal enthesopathy; cervical radiculopathy; fasciitis, unspec; thoracic outlet syndrome; shoulder pain. Physical examination reveals cervical spinal tenderness, cervical paraspinal tenderness, cervical facet tenderness at C5-T1, positive cervical facet loading maneuvers. Patient has failed multiple conservative therapies including physical therapy, NSAID, TENS, and various medication trials for greater than 6 months without benefit. Patient reports the pain to be at 9/10 with no medication and 9-10/10 with medication. Patient's medications include Butrans Patch, Lunesta, Compound Cream, Norco, and Nortriptyline. Per progress report dated 04/23/15, the patient is temporarily totally disabled. 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." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Norco on 02/26/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. There is no discussion or documentation regarding adverse effects and aberrant drug behavior. A UDS dated 05/21/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.