

Case Number:	CM15-0194323		
Date Assigned:	10/09/2015	Date of Injury:	09/10/2009
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 40 year old female patient who sustained an industrial injury on 9-10-2009. Diagnoses include discogenic cervical condition associated with headaches and facet inflammation and right shoulder impingement, rotator cuff strain, and bicipital tendinitis. Per the Physician notes dated 9-15-2015 she had complaints of constant neck pain and headaches. The physical examination revealed tenderness across the cervical paraspinal muscles pain along the facets and pain with facet loading. The medications list includes Norco, Gabapentin, Flexeril, Mirtazapine and Dilantin (for history of seizure). Past surgical history includes left foot surgery. She has had cervical MRI which revealed multilevel disc protrusions and right shoulder MRI dated 4/10/15 which revealed partial thickness tear of the supraspinatus tendon and AC joint arthrosis. Treatment has included oral medications which have not changed since at least March of 2015, epidural injections and TENS for this injury. Recommendations include Norco, Flexeril, Mirtazapine, and replacement of cervical spine pillow. Utilization Review modified requests for Norco, Flexeril, and Remeron on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. The request is not medically necessary.