

Case Number:	CM15-0194742		
Date Assigned:	10/08/2015	Date of Injury:	03/05/2008
Decision Date:	11/24/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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, North Carolina
 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:

The injured worker is a 63 year old male who sustained an industrial injury on 03-05-2008. Medical records indicated the worker was treated for cervical pain status post cervical fusion C3-C4 (03-14-2012), and left-sided C4-C5 facet pain. In the provider notes of 07-28-2015, the injured worker is seen in follow-up and states he has had greater than 50% pain reduction with acupuncture which has allowed him to take smaller amounts of pain medicine on a daily basis. His medications include Norco (two to four daily since at least 01-15-2015) and a topical compound cream. He is doing home exercise. Objective findings include persistent left-sided trapezial pain and scapular dysfunction. He has moderate pain over the left C4-5 facet joint which is worse with extension. There is no notation of the worker's current pain, pain between visits, and effect of the Norco on his pain. There is no documentation of a pain contract or urine drug screens or monitoring of compliance with prescribed drugs. A request for authorization was submitted for Norco 10/325 mg Qty 120. A utilization review decision 09-09-2015 non-certified the request.

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 120: 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.

Decision rationale: CA MTUS Guidelines support the use of chronic opioids in cases where there is documented evidence of significant pain relief, improvement in functional status and return to work. Otherwise, long-term use of opioids is not indicated as there is an increased risk of addiction and abuse. There should also be documented evidence of failure of first-line agents for neuropathic pain, such as antidepressants and anticonvulsants. The "4 A's" should also be documented, including monitoring for analgesia, ADLs, appropriate medication use and aberrant behavior. In this case, there is no documentation of the patient's current pain level or effect of the Norco on his pain. There is no evidence of functional improvement with Norco or return to work. There is no documentation of failure of antidepressants or anticonvulsants. There is no documentation of a pain contract or urine drug screen to determine compliance. Therefore, based on the above, the request is not medically necessary or appropriate.