

Case Number:	CM15-0202591		
Date Assigned:	10/19/2015	Date of Injury:	10/05/2011
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/15/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old female with a date of injury on 10-05-2011. The injured worker is undergoing treatment for neck sprain-strain, right upper extremity radiculitis, lumbar spine, strain-sprain; right shoulder sprain-strain, left wrist sprain-strain and status post multilevel cervical spine surgery in 2004. Comorbid diagnoses include a past stroke and hypertension. A physician note dated 05-19-2015 documents "the injured worker has neck pain but it is improving". "She has improved range of motion with less pain." There is no numeric documentation of pain. A physician note dated 06-01-2015 documents the injured worker has complaints of neck pain, right shoulder pain, low back pain, left wrist pain, and headaches. The most recent physician progress note dated 09-10-2015 documents the injured worker complains of neck pain going to both shoulders and it is a stabbing pain. She has a slow guarded gait and favors the left lower extremity. She has slurred speech and flattening of facial features. There is tenderness to palpation in her bilateral cervical [paravertebral, trapezius and periscapular muscles. There was guarded head movement along with moderately decreased cervical range of motion. In the C5-C6 dermatomes there was patchy hyperesthesia. There was tenderness to her bilateral paravertebral muscle with spasm along with a moderately decreased cervical range of motion. There was no numeric rating of pain documented. She is not working. Treatment to date has included diagnostic studies, medications, cervical spine surgery, acupuncture, and physical therapy. The 8/26/15 document indicates that the patient is using Norco. The document states that the patient has been taking hydrocodone to the present time since 2008 or 2009. The Request for Authorization dated 09-10-2015 includes Norco 5-325mg #20 (first documented in

reports presented for review on 09-10-2015), Fexmid 7.5mg #60, and physical therapy 2 x 3. On 09-29-2015 Utilization Review non-certified the request for Norco 5/325mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list.

Decision rationale: Norco 5/325mg #20 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS states that Norco is for moderate to severe pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There is no objective urine toxicology screen for review. The documentation reveals that the patient has been on long-term opioids without significant functional improvement therefore the request for Norco is not medically necessary.