MAXIMUS Federal Services

Case Number:	CM15-0202769		
Date Assigned:	10/19/2015	Date of Injury:	05/30/2013
Decision Date:	12/03/2015	UR Denial Date:	09/18/2015
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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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, who sustained an industrial injury on 05-30-2013. She has reported injury to the neck. The diagnoses have included cervicalgia; spasm of muscle; neck sprain; degeneration of cervical intervertebral disc; cervical radiculopathy; and cervical post-laminectomy syndrome. Treatment to date has included medications, diagnostics, cervical epidural steroid injections, physical therapy, and surgical intervention. Medications have included Norco, Diclofenac, Fexmid, Gabapentin, and Protonix. A progress report from the treating physician, dated 09-09-2015, documented an evaluation with the injured worker. The injured worker reported neck pain rated at 6-7 out of 10 in intensity; no changes in her symptoms, characteristic, or quality of her neck and arm symptoms; and she continues to benefit from the medications, when they are received in a timely fashion. Objective findings included no acute distress; affect is normal; cervical facets continue to be tender to palpation; cervical extension and flexion are reduced; Spurling's is positive right upper extremity; and strength is 5 out of 5. The treatment plan has included the request for 90 tablets of Norco 10-325mg. The original utilization review, dated 09-18-2015, modified the request for 90 tablets of Norco 10-325mg, to 19 tablets of Norco 10-325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Norco 10/325mg: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.