

Case Number:	CM15-0207679		
Date Assigned:	10/26/2015	Date of Injury:	06/21/2013
Decision Date:	12/14/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old male with an industrial injury dated 06-21-2013. A review of the medical records indicates that the injured worker is undergoing treatment for cervicalgia, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis NOS, other disorders of muscles, ligament and fascia, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, lumbosacral spondylosis without myelopathy, muscle spasm, spinal stenosis, osteoarthritis of spinal facet joint, insomnia, right arm pain, headache, chronic pain syndrome, myofascial pain, neck sprain, cervical spondylosis without myelopathy, lumbar strain, lumbosacral spondylosis without myelopathy and fibromyositis. In a progress report dated 08-04-2015, the injured worker reported neck pain radiating to bilateral arms and back pain. Pain level was 6 out of 10 on a visual analog scale (VAS). Objective findings (08-04-2015) revealed limited cervical range of motion, spasms and twitching of the muscle bellies, facet loading pain with extension and tenderness to palpitation of the cervical facets, moderate low back pain with limited lumbar flexion, limited extension due to facet loading, tenderness to palpitation of lumbar facets and mild antalgic gait. According to the progress note dated 09-01-2015, the injured worker reported neck pain with radiation into the arms. Pain level was 6 out of 10 on a visual analog scale (VAS). Objective findings (09-01-2015) revealed limited cervical range of motion, spasms and twitching of the muscle bellies, facet loading pain with extension and tenderness to palpitation of the cervical facets. Treatment has included diagnostic studies, prescribed medications (including Norco since at least 7-02-2014), and periodic follow up visits.

The treatment plan included medication management, trigger point injections and follow up visit. The utilization review dated 09-16-2015, non-certified the request for Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325mg #60 is not medically necessary.