

Case Number:	CM15-0209992		
Date Assigned:	10/28/2015	Date of Injury:	09/03/2003
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/23/2015

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:

The injured worker is a 64 year old male with an industrial injury date of 09-03-2003. Medical record review indicates he is being treated for chronic neck pain from failed cervical disc surgery syndrome, chronic cervical degenerative disc disease at cervical 5-cervical 6 and cervical 6-cervical 7, status post herniated discs at cervical 5-6 and cervical 6-7, status post anterior cervical discectomy and fusion at cervical 5-6 and cervical 6-7 and anxiety. Subjective complaints (09-01-2015) included neck pain radiating to bilateral arms and shoulders. The patient had numbness in hand. The treating physician indicated the injured worker needed a refill of Norco. The treating physician noted the injured worker obtained pain relief and improved functioning from the Norco taken for pain. "The patient is not able to work as a heavy equipment operator." Medications included Atarax and Norco (at least since 07-06-2011). Prior medications included Motrin, MS Contin and Vicoprofen. Prior treatment included interferential unit, medication and surgery. Objective findings (09-01-2015) included slight rotator cuff tenderness noted. The treating physician indicated the injured worker was not having significant side effects from medication and there was no evidence of any abnormal behavior or non-compliance with medications. The treating physician also noted there was no aberrant behavior, a signed management agreement was on file and the injured worker was subject to random drug screening. The patient had improved functioning with Norco. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: Norco 10/325mg #150 Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, 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 patient has set goals regarding the use of opioid analgesic. A 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 the 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 significant objective functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS 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. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into significant objective functional improvement is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The medical necessity of Norco 10/325mg #150 is not medically necessary for this patient, given the records submitted and the guidelines referenced.