

Case Number:	CM15-0021435		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2007
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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
 Certification(s)/Specialty: Internal 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 60 year old male, who sustained an industrial injury on 4/17/07. He has reported injuries to head, neck, face and scalp while working as a driver and getting struck by a compactor door he was closing. The diagnoses have included chronic neck pain, degenerative disc disease (DDD), and radiculopathy. Surgery has included anterior cervical decompression and stabilization on 12/7/11. Treatment to date has included surgery, medications, and other modalities to include conservative measures. Currently, the injured worker complains of increased pain in neck and upper back. He states that he ran out of medications six weeks ago. The pain is rated 6-7/10 without pain medications and 1-2/10 with medications. He has recently been homebound due to pain. He has been taking Advil 800 mg 5 times a day to help his pain because he doesn't have pain medications. He continues with nocturnal leg cramps and his legs feel heavy. The current medications are noted and included Vicodin, Zanaflex, Prilosec, and Neurontin. Physical exam revealed full cervical flexion and extension and bilateral rotation 75 percent. There was mild tenderness to palpation in axial neck and right trapezius. The urine toxicology dated 11/14/14 was consistent with medications prescribed. There were no recent diagnostic studies noted. On 1/14/15 Utilization Review modified a request for Norco 5/325mg #60 modified to Norco 5/325mg #50 for purposes of taper and discontinuation over the course of 1-2 months and/or allow the requesting physician to more fully substantiate ongoing need. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78, 86, 91 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Norco 5/325. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient should be weaned off of opioid therapy per the recommended protocol. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.