

Case Number:	CM15-0023371		
Date Assigned:	02/12/2015	Date of Injury:	02/01/2012
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on February 1, 2012. His diagnoses include chronic neck pain, cervical radiculopathy, cervicogenic headaches, and chronic pain syndrome. He has been treated with urine drug testing and medications including oral and topical pain, antidepressant, anticonvulsant, and non-steroidal anti-inflammatory. On January 9, 2015, his treating physician reports neck pain with increased numbness and tingling of bilateral arms and hands. He has episodes of nausea and vomiting are associated with his flare-ups of neck pain. His current pain, anticonvulsant, and non-steroidal anti-inflammatory medications help with his pain. The physical exam revealed bilateral cervical paraspinal muscle s and upper trapezius muscles were tight/tender. There was signs of despondence/depression. The treatment plan includes a continuing his current medications. On January 27, 2015, Utilization Review non-certified a prescription for Norco 10/325mg #30, noting the guidelines do not recommend this medication as a first-line agent for the treatment of chronic non-malignant pain, and the long-term efficacy of opioid analgesics for chronic pain remains uncertain. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the 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 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The patient has ongoing neck pain and numbness/tingling in the arms and hands. The current request is for Norco 10/325mg. According to the MTUS guidelines, Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case there is no documentation for continued opioid usage as there is no documentation of decreased levels of pain with and without the opioid medication. There is also no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. The available records indicate a lack of pain and functional improvement with the use of Opioids. The MTUS requires much more thorough documentation for continued opioid usage. As such, my recommendation is for denial.