

Case Number:	CM15-0024432		
Date Assigned:	02/13/2015	Date of Injury:	05/12/2006
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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

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

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 62 year old male who sustained an industrial injury on 05/12/2006. Diagnoses include cervicalgia, cervical post-laminectomy syndrome, and lumbar spondylosis with myelopathy, chronic post-traumatic headache and lumbago. Treatment to date has included medications, and neurectomy of right third occipital nerve and C3 deep medial branch nerve. A physician progress note dated 01/06/2015 documents the injured worker has complaints of chronic neck pain with sub occipital headaches, bilateral upper extremity pain, low back pain and bilateral leg pain. Medications reduce his pain by 30%. On examination he has tenderness present to the cervical paracervical and trapezius and trapezius trigger pint pain. Pain is elicited by motion. H has an antalgic gait. There is painful range of motion of the lumbar spine, and tenderness of the paraspinal region at L4. Treatment requested is for Norco 10/325mg #120. On 02/04/2015 Utilization Review non-certified the request for Norco 10/325mg #120 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Hydrocodone; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioid: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These 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." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function was describe in notes from September, October, and November 2014. There were no side effects to this medication noted. The patient has improvement in ADL's and sleep due to medications. There was adequate monitoring for aberrant behaviors such as urine toxicology testing and signing a pain contract. Given these factors, this request is appropriate.