MAXIMUS Federal Services

Case Number:	CM15-0212784		
Date Assigned:	11/02/2015	Date of Injury:	10/17/1996
Decision Date:	12/16/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/29/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old female, who sustained an industrial injury on 10-17-1996. Diagnoses include degeneration of lumbar disc, cervicalgia, cervical post-laminectomy syndrome, cervical radiculopathy, and reactive depression. Treatments to date include activity modification, medication therapy, and cervical epidural steroid injection. On 10-1-15, she complained of chronic neck pain. Pain was rated 8 out of 10 VAS without medication and 4 out of 10 VAS with medications. Current medication listed included "Norco 10-325mg 3-4 times daily, Restoril 15mg at night (weaning), and Trazodone 50mg (starting)." The records indicated Norco had been prescribed since at least 2-19-15. The records indicated medications were necessary for activities of daily living. The record documented weaning off temazepam and starting trazodone for sleep this month. The physical examination documented decreased cervical range of motion. The plan of care included home stretching and medication therapy. The appeal requested authorization for Norco 10-325mg #80 and Trazodone 50mg #30. The Utilization Review dated 10-23-15, denied the request for Norco, and allowed certification for Trazodone 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Although the medical documentation provided indicate an improvement in the patient's report of pain with the use of Norco, the treating physician does not fully document objective functional improvement. Additionally, there is no documentation of a CURES report or recent urine drug screen. As such, the request for Norco 10/325mg #80 is not medically necessary.