

Case Number:	CM15-0214940		
Date Assigned:	11/04/2015	Date of Injury:	09/18/2008
Decision Date:	12/23/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/02/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 66 year old male, who sustained an industrial injury on 9-18-2008. A review of the medical records indicates that the injured worker is undergoing treatment for cervical stenosis status post anteroposterior vertebrectomy, spinal cord decompression C3 to C6, and stable anterior interbody fusion. On 8-26-2015, the injured worker reported pain and numbness in the hands and swelling, and weakness in the left shoulder girdle. The Primary Treating Physician's report dated 8-26-2015, noted the injured worker continued to require Norco for pain relief, prescribed since at least 3-18-2015, noted to not able to be as active as he would like to be. The physical examination was noted to show improvement in some of the atrophy of the shoulder girdle and biceps muscle on the left with restricted cervical range of motion (ROM), and no major sensory deficits below the elbow and left and right arm. The Physician noted the x-rays showed fusion from C3-C7, difficult to ascertain if there was a complete bone ingrowth at C3-C6. Prior treatments have included cervical fusion. The treatment plan was noted to include request for CY myelogram of the cervical spine to evaluate for fusion, and an electromyography (EMG) nerve conduction study (NCS) of the bilateral upper extremities. The request for authorization dated 10-8-2015, requested Norco 10-325mg #120. The Utilization Review (UR) dated 10-20-2015, modified the request for Norco 10-325mg #120 to certify Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) 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. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as norco. The request is not medically necessary.