MAXIMUS Federal Services

Case Number:	CM15-0218575		
Date Assigned:	11/10/2015	Date of Injury:	01/24/2003
Decision Date:	12/29/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/06/2015

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
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:

This injured worker is a 59 year old male who reported an industrial injury on 1-24-2003. His diagnoses, and or impressions, were noted to include: chronic pain disorder; occipital neuralgia; post-concussive disorder; cervical spine injury; and cervicalgia. No imaging studies were noted. His treatments were noted to include medication management; and rest from work. The progress notes of 10-7-2015 reported: upper left, > right, cervicalgia following head injury, and flare-up of pain with movement; and that he took Norco for breakthrough pain with no marked flare-ups over the previous few months. The objective findings were noted to include: tenderness over the greater occipital nerves, left > right, along the right para-cervical region and right medial scapular border; the elicitation of pain and "pins-needles crawling over his head" with cervical rotation, especially to the right; and bony hypertrophy and crepitance in the left knee. The physician's requests for treatment were noted to include the continued tapering of his pain medication Morphine Sulphate ER, and of Norco for breakthrough pain. The Request for Authorization, dated 10-20-2015, was noted to include Norco 10-325 mg, 2 tablets 3 x a day as needed for breakthrough pain, #160. The Utilization Review of 10-26-2015 modified the requests for Norco 10-325 mg, #160, to #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #160: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 10/7/15 progress report provided by the treating physician, this patient presents with chronic upper left > right neck pain with pain easily flared by rotation of neck or attempts at over-the-shoulder activities, described as "burning and spiders under my skull: with pain rated 9-10/10. The treater has asked for 1 prescription of Norco 10/325 mg #160 on 10/19/15. The patient's diagnosis per request for authorization dated 10/20/15 is cervicalgia. The patient complains of tinnitus per 10/20/15 report. The patient has not had any marked flare-ups of neck pain the past few months, but today has constipation and crampy abdominal pain as of 10/7/15 report. The patient is currently tolerating Effexor XR well and no longer has suicidal ideation as of 10/7/15 report. The patient is to remain off work as of 10/20/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, page 81: "Nociceptive Pain: Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." The treater does not discuss this request in the reports provided. The patient has been taking Norco since 2/5/13 report and in subsequent reports dated 5/1/13, 4/7/14, 1/7/15 and 10/7/15. The patient is taking Norco for "breakthrough pain" as of 10/19/15 report. There is a noted decrease in pain from 9/10 to 3-4/10 due to use of Norco. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Long-term use of opiates may be indicated for nociceptive pain in certain situations as MTUS pg. 81 states: "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain. Therefore, the request IS NOT medically necessary.