

Case Number:	CM15-0220764		
Date Assigned:	11/13/2015	Date of Injury:	03/22/2001
Decision Date:	12/23/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 03-22-2001. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic cervical pain. Medical records (04-20-2015 to 10-07-2015) indicate ongoing chronic cervical spine pain. Pain levels were 2 out of 10 on a visual analog scale (VAS) with the use of Norco and Hysingla ER. Previous pain ratings on Norco only were reported to be 6-7 out of 10. Records also indicate improved activity levels and level of functioning with medications. Pain levels had increased back to 6-7 out of 10 without medications. The IW's work status was not specified. The physical exam, dated 10-07-2015, revealed some limitation in cervical range of motion. Relevant treatments have included: surgery, physical therapy (PT), cervical epidural steroid injections, electrical stimulation, work restrictions, and medications. CURES and urine drug screening were noted to be consistent. The PR, dated 04-20-2015, indicates that the IW's Norco was reduced and Hysingla ER was added to his medication treatment due to inadequate pain control (50%) (Norco only) in relation to the exposure to acetaminophen, and too many peaks and valleys in pain relief. The Hysingla ER was reported to provide the IW with 85% pain relief and allowed him to be highly active in chores and daily life. However, it was also noted that the worker's compensation insurance company had reduced the amount of Hysingla and was also reducing the Norco for weaning. The request for authorization (10-16-2015) shows that the following medication was requested: Norco 10-325mg #240. The original utilization review (10-23-2015) non-certified the request for Norco 10-325mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is chronic cervical spine pain industrial basis. Date of injury is March 22, 2001. Request for authorization is October 16, 2015. Point to a progress note dated April 20, 2015, medications included Norco 10/325 mg two tablets four times per day, Hysingla (hydrocodone without Tylenol), baclofen and temazepam. According to the most recent progress note dated October 7, 2015, subjective complaints include cervical spine pain 7/10. The documentation indicates Hysingla is prescribed to replace Norco and reduce the Tylenol load. Objectively, cervical spine range of motion is decreased. There are no other objective findings documented. Urine drug screen dated October 9, 2015 was inconsistent with alcohol detected. According to the utilization review dated February 2015, the utilization reviewer recommended weaning Norco. On April 7, 2015, the utilization reviewer modified the Norco request to #115 tablets for weaning purposes. There are no detailed pain assessments or risk assessments. The documentation does not demonstrate objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, utilization reviews indicating weaning was recommended, and documentation indicating Hysingla was prescribed to replace Norco (October 7, 2015 progress note), Norco 10/325mg # 240 is not medically necessary.