

Case Number:	CM15-0031561		
Date Assigned:	02/24/2015	Date of Injury:	09/03/2008
Decision Date:	04/10/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on September 3, 2008. The injured worker has reported a neck, back and right arm injury. The diagnoses have included chronic pain syndrome, lumbar facet arthropathy strain, cervical radiculitis, cervical spasm, cervical stenosis and lumbar spinal stenosis. Treatment to date has included pain medication, electrodiagnostic studies, psychological testing and physical therapy. Current documentation dated October 13, 2014 notes that the injured worker complained of chronic neck, back and right upper extremity pain. The neck pain was noted to be intermittent and radiated into the right upper extremity. Associated symptoms include numbness and tingling. The low back pain did not radiate. Physical examination of the cervical spine revealed tenderness and a decreased range of motion. Bilateral shoulder examination showed tenderness in the trapezius muscles. Examination of the lumbar spine revealed tenderness of the paraspinal muscles and a restricted range of motion. Straight leg raise was negative bilaterally. No guarding or spasms were noted. On February 10, 2015, Utilization Review modified a request for Norco 10/325 mg #120. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

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 Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his neck and lower back. The request is for NORCO 10/325MG #120. The patient is currently taking Kadian, Norco and Naproxen. The patient has been utilizing Norco since at least March 2013. Regarding chronic opiate use, MTUS guidelines page 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's 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 guidelines page 90 states that Hydrocodone has a recommended maximum dose of 60mg/24 hours. In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.