

Case Number:	CM15-0033026		
Date Assigned:	02/26/2015	Date of Injury:	05/24/2000
Decision Date:	04/10/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/23/2015

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 66 year old female with an industrial injury dated 05/24/2000 resulting from twisting her ankle and a fall. Her diagnoses include low back pain, thoracic pain, degenerative disc disease cervical, neck pain, cervical radiculitis, displacement of thoracic intervertebral disc, lumbar degenerative disc disease, and myalgia. Recent diagnostic testing has included x-rays of the cervical spine (01/15/2015) showing degenerative changes, and a MRI of the cervical spine (09/02/2014) showing multilevel disc bulging. Previous treatments have included conservative measures, medications, cervical epidural steroid injections, and chiropractic manipulation. In a progress note dated 01/15/2015, the treating physician reports cervical spine pain radiating into the upper extremities and associated with numbness and tingling, in coordination and dizziness, and thoracic and lumbar spine pain. The objective examination revealed tenderness in the paracervical muscles, decreased range of motion in the cervical spine, tenderness in the thoracic spine, tenderness in the lumbar spine with decreased range of motion, and decreased sensation in the upper extremities. The overall pain rating was 7-10/10. The treating physician is requesting Norco which was modified by the utilization review. On 02/06/2015, Utilization Review modified a prescription for Norco 10/325mg #60 to the approval of Norco 10/325mg #30 for the purpose of weaning, noting the lack of documented functional improvement or details about pain relief. The MTUS guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria For Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Pain Outcomes and Endpoints Page(s): 76-78, 88-89, 8-9.

Decision rationale: The 2/11/15 Utilization Review letter states the Norco 10/325mg, #60 requested on the 1/20/15 medical report was modified for weaning, because there was no documentation of functional benefit and no discussion on the inconsistent urine drug screen. According to the 1/20/15 psychiatry report, the patient presents with 7-10/10 pain in the neck, mid and lower back. The pain drops to 1-3/10 with medications. The medication list shows 12 medications including Norco, naproxen, Flexeril, Zoloft, and Xanax. There were only 5-months of records provided for review from 8/5/14 through 1/20/15, and none of the reports documented functional improvement on a numeric scale or validated instrument as required under the MTUS guidelines for long-term users of opioids. The MTUS guidelines for a therapeutic trial are consulted as the duration of use of opioids cannot be verified from the provided records. MTUS page 78 recommends documentation of the 4 A'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 Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement". The physician provides a general documentation of pain reduction from a medication list consisting of 12 medications. There was no discussion on what percentage of pain relief is coming from the use of Norco, and no documentation of any functional benefit. The continued use of Norco is not in accordance with MTUS guidelines. The request for Norco 10/325mg, #60 IS NOT medically necessary.