

Case Number:	CM15-0033521		
Date Assigned:	02/27/2015	Date of Injury:	10/25/2000
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This 44 year old male sustained an industrial injury on 10/23/00, via repetitive trauma with subsequent ongoing neck pain and headaches. Treatment plan included epidural steroid injections, medications, cervical traction, home exercise, massage, electrical stimulation, physical therapy, chiropractic therapy, bilateral occipital nerve blocks and trigger point injections. In an office visit dated 1/5/15, the injured worker complained of 7/10 pain to the cervical spine associated with headaches. The injured worker reported only one and a half weeks of relief following recent cervical epidural steroid injection. Physical exam was remarkable for cervical spine with limited range of motion. The treatment plan included continuing Ibuprofen and Norco. The physician noted that Norco reduced the injured worker's pain up to 75% generally, contributing to his ability to continue to work full-time. On 1/15/15, Utilization Review modified a request for Norco 5 mg/325 150 tablets to Norco 5 mg/325 20 tablets, citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5 mg/325 150 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco for over six months, in excess of the recommended 2-week limit. The prior reviewer recommended a weaning dose of Norco for the patient. As such, the request for Norco 5 mg/325 150 tablets is not medically necessary.