

Case Number:	CM15-0035645		
Date Assigned:	03/04/2015	Date of Injury:	10/02/2001
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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:

The injured worker (IW) is a 57 year old male who sustained an industrial injury on 10/02/2001. He has reported neck pain, headaches and left arm pain. Diagnoses include cervical pain/cervicalgia, shoulder region disease not elsewhere classified, and long use of medication. Treatment to date includes medications and medication management. A progress note from the treating provider dated 01/05/2015 indicates the IW can no longer get Oxycontin and he states he feels horrible and cannot do anything around the house or exercise. His headaches are very bad and he complains of constant diffuse neck pain, insomnia and fatigue. Medications include Norco, and Ibuprofen. Treatment plan is for medications. Importance of a medication taper was discussed with the IW on 10/07/2014 visit. On 01/28/2015 Utilization Review modified a request for Norco 10/325mg, 2 tablets every 4 hours as needed for 90 days, quantity 180 with no refill Norco 10/325mg, 2 tablets every 4 hours as needed for 90 days, quantity 90 with no refills. The MTUS 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, 2 tablets every 4 hours as needed for 90 days, quantity 180 with no refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78.

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), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck and shoulder pain "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 in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg, 2 tablets every 4 hours as needed for 90 days, quantity 180 with no refills is not medically necessary.