

Case Number:	CM15-0038056		
Date Assigned:	03/06/2015	Date of Injury:	01/02/1995
Decision Date:	08/31/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 who sustained a work related injury January 2, 1995. Past medical history included hypertension, fusion 1997, 2003. Most records present in the file cannot be evaluated due to poor quality copy. According to a primary treating physician's progress report, dated February 11, 2015, the injured worker presented for a follow-up evaluation of cervical pain, rated 8 out of 10. The pain is described as aching, deep, pressure, radiating, tingling, and numbness, and shooting down the shoulders to the arms. She also reports back stiffness, with numbness and tingling and weakness in the right and left arm. The physician documents no evidence of drug abuse or diversion and reports the most recent UDS (urine drug screen) November 14, 2014, was within normal limits. She has been unsuccessful in weaning from medication (there are no toxicology reports present in the current medical record). Current medication included Cymbalta, Donnatal, Inderal, Ketoprofen/Ketamine/ Cyclobenzaprine/ Lidocaine cream, Lisinopril, Lopressor, Lorazepam, Norco, Propranolol, Sumatriptan, and Zanaflex. Objective findings included; gait and station reveals mid-position without abnormalities; C6 dermatome and C7 dermatome demonstrates decreased light touch sensation bilaterally, bilateral brachioradialis reflex, bilateral biceps reflex and bilateral triceps reflex is 1-4. The neck examination reveals pain to palpation over the C2-C6 facet capsules, bilateral with rotational extension indicative of facet capsular tears bilateral; positive Spurling's maneuver left, positive maximal foraminal compression testing left and pain with Valsalva with increased pain and decreased strength. Diagnoses are chronic neck pain; muscle spasms paracervical and trapezius muscles; intermittent burning pain left shoulder; status post multiple cervical surgeries;

depression; ischemic colitis. Treatment plan included lab work and at issue, a request for authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was completed 11/2014 and was normal, however the report was not available. CURES was not documented. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.