

Case Number:	CM15-0042128		
Date Assigned:	03/12/2015	Date of Injury:	09/18/2008
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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 female, with a reported date of injury of 09/18/2008. The diagnoses include chronic neck pain, cervical degenerative disc disease, chronic low back pain, lumbar degenerative disc disease, bilateral sciatic pain, rule out right cervical radiculitis, cervicogenic headaches and migraines, left hip pain, and status post left ankle sprain, which was resolved. Treatments to date have included right knee arthroscopy, oral medications, therapeutic yoga, transcutaneous electrical nerve stimulation (TENS) unit, and electrodiagnostic studies of the right upper extremity. The progress report dated 01/19/2015 indicates that the injured worker continued to have chronic neck and back pain, with radicular symptoms to her right upper extremity and her bilateral lower extremities, cervicogenic headaches and migraines, and some chronic left hip pain. It was noted that the injured worker reported approximately 30-40% reduction in her pain with the use of her medications. The objective findings include tenderness of the right cervical paraspinal region, slightly reduced cervical range of motion, no tenderness or spasm in the thoracic spine, tenderness to palpation in the lower lumbar spine, and negative seated bilateral straight leg raise test. The treating physician prescribed Tylenol #3, thirty tablets in order to replace the Norco 5/325mg. The treating physician requested Norco 7.5/325mg #30 to help manage the injured worker's symptoms so that she could adequately function with upright activities of daily living and her work activities, as well as sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 71-82 and 114-116.

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

Decision rationale: This patient presents with chronic neck and back pain with cervicogenic headaches and migraines. The request is for NORCO 7.5/325 #30 on 02/02/15. Per 01/19/15 progress report, the patient underwent an arthroscopy of the right knee on 11/19/14 and currently attending therapy for the right knee. On the same report, the treater prescribed Tylenol #3 after the procedure and the patient reported that the medication worked as well as the Norco for the pain. The current medications are Norco 5/325mg, Zantac, Baclofen, and Imitrex. The patient is currently working with restriction per 01/19/15 report. MTUS Guidelines pages 88 and 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 4As (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. Per 01/19/15 report, the treater stated that the patients Norco and Motrin are necessary to help manage her symptoms such that she can adequately function with upright activities of daily living and her work activities, as well as sleep. The patient notes approximately 30-40% reduction in her pain with the use of her medications. The patient describes her pain as approximately 5/10 in intensity without her medications whereas with her medications her pain is approximately 3/10 in intensity. The patient reports no aberrant behavior regarding the medications. However, the treater stated on 01/19/15 reports treatment plan that I will prescribe the patient 30 tablets of Tylenol #3 in order to replace the Norco 5/325. The treater does not discuss reason to change the pain medication and yet the current request is Norco 7.5/325mg. None of reports provided discuss Norco 7.5/325mg use nor does the treater provide rationale for the request. In this case, the current medication regimen works for the pain relief and there is functional improvement with no adverse side affects. There does not appear to be any reason to change the opiate. The request of NORCO 7.5/325mg IS NOT medically necessary.