

Case Number:	CM15-0055415		
Date Assigned:	03/30/2015	Date of Injury:	03/16/2011
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, Florida

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 51 year old female, who sustained an industrial injury on 03/16/2011. The initial complaints or symptoms included a popping sensation in the neck followed by severe burning like pain in the neck and left upper extremity. The injured worker was diagnosed as having bulging disc. Treatment to date has included conservative care, medications, conservative therapies, injections and nerve root blocks. Currently, the injured worker complains of chronic constant neck pain with radiation to both upper extremities with numbness and tingling in the bilateral upper extremities. The diagnoses include cervical neck pain, spondylosis, cervical disc protrusion, cervical nerve root compression, depression/anxiety, and stress due to the worker's compensation process. The treatment plan consisted of continuation of medications (including Norco), and follow-up. The medications listed are Wellbutrin, Naproxen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going management, When to continue/discontinue Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommended that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The records indicate that the patient had utilized opioids for many years. There is lack of documentation of the guidelines required compliance monitoring including random UDS, absence of aberrant behavior and adverse effects as well as functional restoration. There is no documentation of failure of treatment with co-analgesic such as anticonvulsants medications. The criteria for the use of Norco 10/325mg #120 was not met and therefore is not medically necessary.