

Case Number:	CM15-0059001		
Date Assigned:	04/03/2015	Date of Injury:	09/12/2012
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/27/2015

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

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 58 year old male, who sustained an industrial injury on 09/12/2012. On provider visit dated 03/12/2015, the injured worker has reported ongoing neck pain that radiates to the right upper extremity, back pain that radiates to the right upper leg, numbness and tingling in the right arm and pain in right shoulder. On examination, he was noted to have decreased range of motion of lumbar and cervical spine with pain. The diagnoses have included cervical disc herniation at C5-C6 with foraminal stenosis, chronic C6 radiculopathy, headaches, multilevel lumbar spine disc herniation's at L4-5 and status post right shoulder arthroscopy with subacromial decompression. Treatment to date has included Norco 5/325mg 1-3 times per day, TENS unit and physical therapy. The provider requested Norco 5/325mg, #90 for pain management with follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 75, 78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 09/12/2012 and presents with ongoing pain in the neck with radiation to the right upper extremity, back pain with radiation to the right upper leg, numbness/tingling in the right arm, and pain in the right shoulder. The request is for NORCO 5/325 mg #90. The RFA is dated 03/12/2015, and the patient is on modified work duty with no forceful pushing or pulling, no lifting, no overhead work, sit or stand as needed to alleviate pain, and sedentary work only. The patient has been taking Norco as early as 10/09/2014. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" 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, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (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. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 12/18/2014 report states that the patient uses Norco "1-3 times per day which is beneficial in reducing his pain, allowing him to continue with his basic daily activities. Without this medication, his pain levels are 10/10 to cervical and lumbar spine, but with his medications, his pain is reduced to 6/10. He denies any negative side effects and has not shown any aberrant drug behaviors." In this case, the treater does provide a before-and-after medication usage to document analgesia and provides a discussion regarding adverse behaviors/side effects. However, there are no specific examples of ADLs, which demonstrate medication efficacy. General statements are inadequate documentation to show significant functional improvement. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.