

Case Number:	CM15-0089242		
Date Assigned:	05/13/2015	Date of Injury:	06/03/2003
Decision Date:	06/15/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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 female, who sustained an industrial injury on 06/03/2003. She reported bilateral neck pain radiating to the trapezius muscle and bilateral shoulder, and upper extremity pain secondary to repetitive work activities. The injured worker was diagnosed as having cervical post laminectomy syndrome, cervical radiculopathy, neuropathic pain, cervical disc herniation, cervical degenerative disc disease, cervical stenosis, and status post anterior and posterior cervical discectomy and fusion. Treatment and diagnostic studies to date has included physical therapy, medication regimen, and above listed procedure. In an initial consultation report dated 03/30/2015 the treating physician reports complaints of burning and stabbing pain to the bilateral neck radiating to the trapezius, along with burning and stabbing pain to the bilateral shoulders and the upper extremities. The injured worker has a current medication regimen of Soma, Norco, Trazodone, and Amitriptyline. The injured worker's pain level is listed a 7 out of 10 on the visual analog scale, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of the injured worker's medication regimen and after use of her medication regimen to indicate the effects with the use of the medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the current medication regimen. Examination revealed tenderness on palpation to the cervical paraspinal muscles and restricted range of motion to the cervical spine. The treating physician requested a one- time psychiatric evaluation for psychiatric clearance for percutaneous spinal cord stimulator trial to evaluate and treat chronic radiculopathy, failed neck surgery syndrome, and neuropathic pain.

The treating physician also requested an in-office 12-panel urine drug screen that was obtained on the visit of 03/30/2015 to obtain the injured worker's baseline prior to initiating a new prescription. The final request by the treating physician was for Norco 7.5/325mg with a quantity of 90 and no refills to be used as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.25/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 7.25/325 mg Qty 90 is not medically necessary or appropriate.