

Case Number:	CM14-0131659		
Date Assigned:	08/20/2014	Date of Injury:	04/17/2013
Decision Date:	10/15/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44 year old male who was injured on 04/17/2013. The mechanism of injury is unknown. The patient underwent cervical steroid injection, Cyclobenzaprine, Gabapentin, Hydrocodone, Pantoprazole, and Wellbutrin. There are no urine drug screenings available for review. Office visit dated 04/03/2014 states the patient presented with complaints of neck pain. He rates his pain as 7/10 and is characterized by dull, sharp and stabbing. The pain radiates to the left arm, right arm, left arm, and right leg. The patient reported decreased sleep secondary to the pain. On exam, range of motion of the cervical spine is restricted with flexion to 30 degrees and extension to 20 degrees. Neurologic exam revealed knee flexor's 3/5 on the right and 4/5 on the left; knee extensor's is 3/5 on the right and 4/5 on the left. His sensation is decreased over the L5-S1 dermatomes on the right side and hyperesthesia's are present over the lateral forearm on both sides. On note dated 04/28/2014, the patient presented with slightly unchanged symptomatology. He rated his pain as 6/10 and this is following a CESI. His exam revealed positive straight leg raise bilaterally at 45 degrees in sitting position. Remaining exam is unchanged from previous visits. The patient is diagnosed with cervicalgia, thoracic or lumbosacral neuritis or radiculitis, and chronic pain syndrome. He is prescribed Norco 10/325 mg. Prior utilization review dated 08/04/2014 states the request for Norco 10/325 mg #180 is certified at 1 pill daily to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Formulary Physician's Desk Reference, 68th ed. -www.RxList.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-94. Decision based on Non-MTUS Citation ODG), Pain, Opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning or that the claimant is being monitored as required. Therefore, this request is not medically necessary.