

Case Number:	CM14-0144849		
Date Assigned:	09/12/2014	Date of Injury:	10/11/2008
Decision Date:	11/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/08/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 46 year old male with an injury date of 10/11/08. Based on the 08/04/14 progress report, the patient complains of persistent neck pain which he rates as an 8/10. He has involuntary muscle spasm or twitching with the left upper extremity. Examination of the cervical spine reveals tenderness over the paraspinal and trapezius muscles equally. He has a decreased range of motion as well as a positive decompression and Spurling's test. The 07/24/14 report also states that the patient has neck muscle stiffness and neck pain which increases with neck extension and left rotation. On the left side, it radiates to his shoulder and trapezius with shooting pain down his arm to his five fingers with numbness and tingling. The patient's diagnoses include cervical myelomalacia possibly related to initial spinal cord injury, failed back syndrome, cervical, fibromyalgia/myositis, syringomyelia and syringobulbia the utilization review determination being challenged is dated 09/03/14. Treatment reports were provided from 04/03/14- 08/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (hydrocodone 10/325mg) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: According to the 08/04/14 report, the patient presents with persistent neck pain which he rates as an 8/10. The patient has been taking Norco as early as 04/03/14. 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. The 07/24/14 report states that there is "no evidence of abuse, diversion, hoarding, or impairment. Adverse side effects of the medications were discussed with the patient." There are no further discussions provided regarding Norco's efficacy. There is no discussion regarding the patient's ADL's or quality of life. Recommendation is for denial.