

Case Number:	CM14-0180722		
Date Assigned:	11/05/2014	Date of Injury:	05/15/2004
Decision Date:	12/09/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 59 year old female with a date of injury of 5-5-2004. She had a previous cervical fusion from C4-C7. She complains of ongoing neck pain with radiation to both arms and upper extremity weakness, primarily on the right. She has had cervical epidural injections with moderate pain relief. The physical exam reveals tenderness to palpation of the cervical spine, a positive Spurling's test on the left, diminished sensation to the left 4th and 5th left fingers, atrophy of the interosseous hand muscles, and diminished right grip strength. The diagnoses include a previous cervical fusion, cervical spinal stenosis, cervical facet arthropathy, chronic C5, C6, and C7 radiculopathies, and multi-level cervical foraminal stenosis. She takes Norco 10/325 mg, Meloxicam, Gabapentin, and Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 91.

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

Decision rationale: Those prescribed opioids chronically are required to have ongoing assessment of pain relief, functionality, medication side effects, and monitoring for any aberrant drug taking behavior. Pain scores are customarily tracked via the Visual Analog Scale (VAS). Typical questions include that for worst pain, least pain, average pain, degree of pain relief given by the opioids, time required for the opioid to work, duration of pain relief, and inquiries regarding functional status with and without the opioids. In this instance, progress notes were provided for review from 5-5-2014, 6-30-2014, and 9-22-2014. Specific questions regarding pain relief from opioids and functionality were lacking. Additionally, documentation regarding any monitoring for aberrant drug taking behavior is not present, for example urine drug screens or CUREs reports. Opioids may be continued when there is documented improvement in pain and functionality as a consequence of this drug class, there is no aberrant drug taking behavior, and any side effects are tolerable. Therefore, Norco 10/325mg #90 is not medically necessary per the referenced guidelines.