

Case Number:	CM14-0190987		
Date Assigned:	11/24/2014	Date of Injury:	05/28/2003
Decision Date:	01/09/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/17/2014

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, has a subspecialty in Clinical Informatics, and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on April 15, 2005. She has chronic neck and left shoulder pain. An MRI on June 7, 2005 showed mild disc protrusion centrally at C5-6. She had a negative EMG/NCS in 2005. An MRI July 25, 2013 showed multilevel degenerative joint disease of the cervical spine. Medications include Norco 10/325 six a day, Colace, Celexa, atenolol and hydrochlorothiazide. According to the primary treating physician's progress report on October 22, 2014, her pain level goes from 8/10 to 4/10 with medication use. Her activities of daily living and exercise are increased with medication use. Norco typically takes 20 minutes to kick in and last for 3 hours. The only side effect reported from the medication is mild constipation. Urine drug screen April 3, 2014 was negative. There has been no aberrant drug seeking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 360 count, purchased on October 22, 2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

Decision rationale: The criteria for ongoing pain management with opioid medication are met. It appears she is receiving the prescription from one practitioner. It is apparent that the lowest possible dose to improve pain and function is being prescribed based on the pain scale showing reduction but not complete resolution of pain and improvement in function. The medication effect was lasting approximately 3 hours, therefore the dose of 6 a day is appropriate. There was ongoing assessment of analgesia in which benefit was reported, monitoring for side effects, assessment of physical and psychosocial functioning as discussed above, and monitoring for aberrant drug taking behavior for which no evidence was found. There was continued review of the overall situation in regards to non-opioid means of pain control including use of SSRI and other medications such as Bio-Freeze. The frequency of monitoring which was every 8 weeks was appropriate. The worker was being supplied with a 2 month prescription at the visits which was appropriate. Criteria to discontinue opioids were not met and these would include no overall improvement in function or decrease in function, intolerable side effects, resolution of pain, non-adherence, patient request to discontinue, illegal activity, inconsistent findings, or repeated violations of the pain contract. The documentation was adequate to support the lack of criteria to discontinue. The criteria to continue opioids include return to work which is not expected in this case since she is retired. A second criterion which is fulfilled based on the documentation is improved functioning and pain.