

Case Number:	CM14-0211170		
Date Assigned:	12/24/2014	Date of Injury:	10/17/2001
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 & Rehabn

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 female with an injury date of 10/17/01. Based on the 11/24/14 progress report provided by treating physician, the patient complains of pain in neck. Physical examination of the neck revealed tenderness to palpation to the cervical spine. Range of motion was decreased. Patient's current medications include Norco, Tylenol, Lexapro, Metamucil and Methocarbamol. Progress report was handwritten with minimal information for review. MRI of the cervical spine on 05/21/14 showed: 1. Small central disc protrusions at the C4-C5 and C5-C6 levels. 2. Foraminal stenosis 3. Asymmetric DJD left C3-C4 facet joint with fluid within the joint space and edema of the facets 4. Chronic C6-C7 ACF/ anterior fixation
 Diagnosis (11/24/14)- Post Fusion C6-C7 w/radiculopathy on l & Bilat. Cervical Facet Arthropathy- Post Cervical Laminectomy Syndrome- Depression
 The utilization review determination being challenged is dated 12/02/14. The rationale follows: 1) NORCO 10/325MG #60; BY MOUTH DAILY FOR 2 WEEKS: "There was a lack of documentation in the clinical notes submitted of quantifiable numerical pain relief, side effects, physical and psychosocial or functioning. However, it is partially certified for Norco 10/325 #60 by mouth daily for 4 weeks for weaning purposes. 2) NORCO 10/325MG #120; BY MOUTH DAILY FOR 4 WEEKS: "There was a lack of documentation in the clinical notes submitted of quantifiable numerical pain relief, side effects, physical and psychosocial or functioning." Treatment reports were provided from 06/10/14 to 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60; by mouth daily for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain; criteria for use of opioids Page(s): 60,61;76-78;88-89.

Decision rationale: The patient presents with pain in the neck. The request is for Norco 10/325mg #60; by mouth daily for 2 weeks. Patient's current medications include Norco, Tylenol, Lexapro, Metamucil and Methocarbamol. Progress report was handwritten with minimal information for review. 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. Per report dated 11/24/14, treater states "Meds helpful in managing pain & improving function." as reason for request. MTUS requires appropriate discussion of the 4A's. However, in addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument has been used to show functional improvement. Furthermore, the treater's general statement that medication management discussed with patient is not an adequate documentation in addressing adverse side effects and adverse behavior. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by guidelines, the request is not medically necessary.

Norco 10/325 #120; by mouth daily for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids; medication for chronic pain Page(s): 60,61;76-78;88-89.

Decision rationale: The patient presents with pain in the neck. The request is for Norco 10/325mg #120; by mouth daily for 4 weeks. Patient's current medications include Norco, Tylenol, Lexapro, Metamucil and Methocarbamol. Progress report was handwritten with minimal information for review. 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. Per report dated 11/24/14, treater states "Pt leaving 12/06/14 to go visit family in Mexico won't be back until 01/12/15." as reason for request. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument has been used to show functional improvement. Furthermore, the treater's general statement that medication management discussed with patient is not an adequate documentation in addressing adverse side effects and adverse behavior. There are no UDS's, CURES or opioid pain contracts. Therefore, given the lack of documentation as required by guidelines, the request is not medically necessary.