

Case Number:	CM14-0218308		
Date Assigned:	01/08/2015	Date of Injury:	03/09/2000
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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 & Rehabilitation

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 is a 59 year old female who suffered a work related injury on 03/09/2000. Diagnoses include cervical myoligamentous injury with right upper extremity radicular symptoms, lumbar myoligamentous injury with bilateral lower extremity radicular symptoms, status post right shoulder arthroscopic surgery, status post right knee arthroscopic surgery, and she remains symptomatic, status post right carpal tunnel release, and status post arthroscopic surgery to her left shoulder. She has been experiencing increased pain in the neck and lower back with radicular symptoms. X rays revealed abnormalities including radicular symptoms in her right upper extremity in the C5-6 distribution and right lower extremity L5-S1 distribution. Treatment has included medication, physical therapy, and trigger point injections. The injured worker was determined to have chronic myofascial pain in the posterior cervical and posterior lumbar musculature. The request is for Norco 10/325mg, # 60. Utilization Review dated 12/12/2014 modified the request of Norco 10/325mg, # 60 to Norco 10/325mg, # 30 for weaning purposes. Cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic pain Medical Treatment Guidelines- Opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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): 76-78,88-89.

Decision rationale: The patient presents with pain in her cervical spine, bilateral shoulders, lumbar spine, and right knee. The request is for NORCO 10-325 mg #60. There is no indication of when the patient began taking this medication. 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 4 A's (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. MTUS page 90 continues to state that the maximum dose for Hydrocodone is 60mg/day. The 12/01/2014 report does not discuss how the patient's pain and function has been improved with the use of Norco. None of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales to show change in pain with the use of this medication. There are no examples of ADLs which demonstrate medication efficacy with the use of Norco. There are no discussions provided on aberrant behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contracts, et cetera. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor the medicine compliance has not been addressed. The treating physician does not provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested Norco IS NOT medically necessary.