

Case Number:	CM15-0010656		
Date Assigned:	01/28/2015	Date of Injury:	07/20/2001
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/20/2015

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 63 year old female sustained an industrial injury on 7/20/01, with subsequent ongoing neck and shoulder pain. In a PR-2 dated 1/19/14, the injured worker complained of ongoing depression, anxiety and pain to the cervical spine 7-8/10 on the visual analog scale. The physician noted that the injured worker was stable with the current dose of Norco 10/325mg four times a day. The medication helped the injured worker to perform her activities of daily living. Pain was alleviated by heat, cold, rest, walking, massage and medications. Physical exam was remarkable for diffuse tenderness to palpation over bilateral paracervical area with limited range of motion due to pain and mild right sacroiliac joint tenderness. Gait was slow. Motor exam revealed weakness to bilateral hand grips. Sensory exam was decreased to pinprick at right C5 and C6 and decreased to light touch in bilateral upper extremities. Current diagnoses included cervical radiculopathy and cervical facet arthropathy. The treatment plan included continuing medications (Robaxin and Norco) and continuing home exercise program, moist heat and stretching. The physician recommended manual therapy for deep tissue pain and aqua therapy. On 1/6/15, Utilization Review modified a request for Norco 10/325 MG #120 to Norco 10/325 MG #30 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Decision rationale: The patient was injured on 07/20/01 and presents with right buttock pain and has numbness, pressure, cramping, numbness, and weakness. The request is for NORCO 10/325 MG #120. The RFA is dated 12/23/14 and the patient is permanent and stationary. The patient has been taking Norco as early as 08/29/14. 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 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 60 mg per day. On 08/29/14 and 09/26/14, the patient rates her pain as a 7/10. The 10/24/14 report indicates that the patient denies any side effects. Although the treater provides pain scales and provides a discussion on side effects/aberrant behavior, not all 4 A's are addressed as required by MTUS guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor is any opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.