

Case Number:	CM15-0016137		
Date Assigned:	02/04/2015	Date of Injury:	04/13/2012
Decision Date:	03/27/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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:

According to progress note of March 17, 2014, the injured workers chief complaint was stiffness, pain in the shoulders and pain in the neck. The injured worker was not sleeping well. The injured worker has trouble riding or driving in a car do to the jolting, which increases the pain in the neck and back. The injured worker was unable to lift a quart of milk without pain. On December 19, 2014, the injured worker was having gait difficulties and walks with a cane. The injured worker was now using Lidoderm patches and Vicodin three times a day for pain. The pain at this time was constant cervical neck and upper back pain with pain radiating down the left side of the spine and into the entire left lower extremity. The injured worker stated the pain was worse with prolonged sitting and head movements. The injured worker had headaches 4 times daily and the headache awakens the injured worker from sleep. The injured worker was diagnosed with headaches, occipital contusion with probable mild concussion with residual headaches, gait ataxia, asymptomatic median neuropathy in bilateral wrists, cervical strains superimposed upon marked cervical degenerative changes with C3-C4 cord compression and erosion of the dense anterior arch at C2, upper C2 and vertebral body and occipital condyles with a differential diagnosis of CPPD and rheumatoid arthritis. The injured worker previously received the following treatments pain medication. December 19, 2014, the primary treating physician requested authorization for a prescription renewal for Norco 5/325mg #100. On January 16, 2015, the UR denied authorization for a prescription for Norco 5/325mg #100. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM practice Guidelines 2nd Edition (2004)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with chronic neck pain. The current request is for Norco 5/325 mg #100. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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 including analgesia, ADLs, adverse side effects, and adverse behavior. MTUS Guidelines also requires "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. Review of the medical file indicates the patient has been utilizing Norco since at least 06/03/2014. According to progress report dated 06/03/2014, "Over the last 2 years, she says the pain has not improved." The patient states that her pain is rated as 7/10 or 8/10 and "it does not improve, does not change." Patient's treatment history includes medication, therapy, exercises, patches, and cortisone injections, and the patient reports that "nothing has helped her." Progress report dated 10/06/2014 noted that the patient's current pain without medication is 7/10, and with medication 5-6/10. Progress report dated 11/03/2014, documents pain without medication as 10/10, and pain with medication as 5-6/10. In this case, recommendation for further use cannot be supported as the treating physician has provided no documentation regarding specific functional improvement, changes in ADL, or change in work status to document significant functional improvement. There are no urine drug screens or CURES reports provided to monitor for aberrant behaviors. There are also no discussions regarding possible adverse side effects as required by MTUS for opiate management. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco is not medically necessary, and recommendation is for slow weaning per MTUS.