

Case Number:	CM15-0017697		
Date Assigned:	02/05/2015	Date of Injury:	03/19/2010
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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, Hawaii
 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:

The injured worker is a 52 year old female, who sustained an industrial injury on 03/19/2010. She has reported missing a step while walking which subsequently caused her to fall landing on her right side sustaining severe neck pain on the right side a few hour post fall. Diagnoses include moderate to severe degenerative disc disease of the cervical spine at cervical five to six and cervical six to seven, degenerative disc disease at cervical three to four and cervical four to five, cervical stenosis and spinal cord compression, right upper extremity radiculitis, and status post right carpal tunnel release. Treatment to date has included cervical epidural steroid infusion under fluoroscopic guidance, cervical epidurogram, medication regimen, use of ice, physical therapy, above listed surgical procedure, and x-rays of the cervical spine. In a progress note dated 12/09/2014 the treating provider reports constant neck pain that is noted a six out of ten that can increase to a ten out of ten. The treating physician noted the injured worker to be currently taking Norco. On 01/23/2015 Utilization Review non-certified the requested treatment of Norco tablets 5/235mg for a quantity of 150, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain Medical Treatment Guidelines: pages 78 to 80 and page 124.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5-325 mg#150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80,124.

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

Decision rationale: The patient presents with neck, right wrist and knee pain. The current request is for Norco tab 5-325mg #150. The treating physician states, "Patient is currently taking Norco 5/325 on an as needed basis for pain control not quite on a daily basis." (B.33) For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, the records have not documented any decreased pain relief, improvements in activities of daily living, or any adverse effects or behaviors. The MTUS Guidelines require much more thorough documentation for ongoing opioid use. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS Guidelines.