

Case Number:	CM15-0018900		
Date Assigned:	02/06/2015	Date of Injury:	05/15/2009
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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:

The injured worker is a 57 year old male, who sustained an industrial injury on May 15, 2009. The diagnoses have included low back pain with radiculopathy and cervical and lumbar fusion. A progress note dated December 10, 2014 provides the injured worker complains of neck pain 7/10 and feels pops and grinding when turning to the left. He reports the pain is constant and radiates to shoulder and upper back. Physical exam is documented as unchanged with no acute distress, slight decrease in range of motion (ROM) and tightness with spasm in the neck area. On January 22, 2015 utilization review non-certified a request for Hydroco/APAP (Norco) 10/325 #150 The Medical Treatment Utilization Schedule (MTUS) were utilized in the determination. Application for independent medical review (IMR) is dated February 2, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydroco/APAP (Norco) 10/325 #150: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and low back pain. The request is for Hydrocodone/APAP (NORCO) 10/325 #150. The RFA date is 01/09/15 according to utilization review letter dated 01/22/15. The request was certified by utilization review letter dated 01/22/15 with modification to Hydrocodone/APAP (NORCO) 10/325 #60. The patient's work status is not available from the provided treating reports. For chronic opiate use, MTUS Guideline page 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. Review of provided reports shows that the patient has been taking NORCO prior to 01/20/14 report. Per 12/10/14 report, the patient reports pain level at 7/10 with medications and 10/10 without medications. The patient reports, however, "increased neck pain with feeling pops and grinding when turning to the left". Increasing [pain] over past month; pain affecting ADLs including cooking dinner and washing dishes. Other than this statement and the pain scale, the reports do not show documentation of significant ADL's improvement due to medication use. No outcome measures are provided as required by MTUS. The request IS NOT medically necessary.