MAXIMUS Federal Services

Case Number:	CM15-0126966		
Date Assigned:	07/13/2015	Date of Injury:	08/16/2001
Decision Date:	08/07/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/01/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 with an August 16, 2001 date of injury. A progress note dated June 15, 2015 documents subjective complaints (increasing pain level over the past month; average pain is about a 7/10 to 8/10; pain rated at a level of 9-10/10 without medications and 3/10 with medications), objective findings (limited range of motion of the cervical spine; decreased range of motion of the shoulder with significant levels of pain; weak grip strength of the left hand), and current diagnoses (neck pain; cervical degenerative joint disease; cervical stenosis; upper extremity pain; chest and rib pain; left shoulder pain). Treatments to date have included magnetic resonance imaging of the cervical spine (April 6, 2015; showed subluxation at C4-C5 and degenerative joint disease at C4-C5, C5-C6, and C6-C7 with moderate stenosis at C4 through C7), magnetic resonance imaging of the left shoulder (January 7, 2015; showed evidence of prior rotator cuff tear), medications, and a transcutaneous electrical nerve stimulator unit. The medical record indicates that the injured worker continues to have pain relief with medications. The treating physician documented a plan of care that included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #180 is not medically necessary.