

Case Number:	CM15-0128263		
Date Assigned:	07/15/2015	Date of Injury:	04/27/2010
Decision Date:	09/09/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/03/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 April 27, 2010. He reported neck pain, right shoulder pain, clicking and popping, upper back pain, low back pain with bilateral lower extremity pain right greater than left and right knee pain with clicking. The injured worker was diagnosed as having cervical degenerative disc disease, spondylosis at the cervical 4-7 levels, status post cervical fusion and status post right shoulder surgical intervention. Treatment to date has included diagnostic studies, surgical interventions, conservative care, medications, TENS unit and work restrictions. Currently, the injured worker complains of continued reported neck pain, right shoulder pain, clicking and popping, upper back pain, low back pain with bilateral lower extremity pain right greater than left and right knee pain with clicking. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 27, 2015, revealed continued pain as noted. He rated his pain at 9 out of 10 on a visual analog scale (VAS) with 10 being the worst pain ever, without medications and 5 out of 10 with medications. He reported he was happy with the cervical surgery. Positive trigger points were noted on the right trapezius and right rhomboid. It was noted additional surgical intervention of the shoulder was discussed. Medications and a TENS unit were continued. Evaluation on March 28, 2015, revealed continued pain as noted. He reported sleep difficulties secondary to pain. Evaluation on May 11, 2015, revealed a diagnosis of gastritis secondary to medications. Norco was continued. Norco 5mg #60 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 5/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. There is no documentation of significant pain relief or increased function from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.