MAXIMUS Federal Services

Case Number:	CM15-0173178		
Date Assigned:	09/15/2015	Date of Injury:	08/12/2006
Decision Date:	10/14/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/02/2015

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 58 year old female, who sustained an industrial injury on August 12, 2006. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having left lower extremity radiculopathy, status post anterior cervical discectomy and fusion C4-5 and C5-6 with bilateral upper extremity radiculopathy, bilateral carpal tunnel syndrome and medication-induced gastritis. Treatment to date has included medication, epidural steroid injections, cervical spinal cord stimulator placement and removal, exercise, physical therapy, surgery and diagnostic studies. A prior cervical epidural steroid injection was noted to provide at least 50% pain relief lasting four months, enabling her to cut back on the amount of Norco she was taking by 50%. On August 5, 2015, the injured worker complained of neck pain with cervicogenic headaches as well as pain radiating down to both upper extremities. The pain was noted to go as high as a 9 on a 1-10 pain scale. She also reported pain in her lower back and left shoulder. The injured worker was noted to have chronic myofascial pain in the posterior cervical musculature in which medical management therapies such as stretching, exercises, physical therapy, NSAIDS and muscle relaxants have failed to control. On the day of the exam, she received four trigger point injections and reported good pain relief of greater than 50% with an increased range of motion a few minutes later. The treatment plan included Prilosec, MS Contin, Norco, Neurontin, Cymbalta, Ambien and a follow-up visit. On August 20, 2015, utilization review denied a request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2006 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 mg #180 is not medically necessary and appropriate.