

Case Number:	CM15-0176906		
Date Assigned:	09/17/2015	Date of Injury:	09/12/2001
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This is a 63-year-old male worker who was injured on 9-12-2001. The medical records indicated the injured worker (IW) was treated for degenerative disc disease, cervical, with persistent secondary tension headaches. The progress notes (5-19-15) indicated the IW had increased neck pain and increased sensation of "bugs crawling" in the left ear, which began after his industrial injury. He was taking Norco 10-325mg three times daily, but inquired about different pain medication options due to non-certification by insurance. In more recent progress notes (8-18-15), the IW reported neck pain with suboccipital headaches, relieved in part by Norco. Norco was stated to decrease his pain from 6 to 7 out of 10 to 4 to 5 out of 10. He had acupuncture treatments with some transient pain relief. Other treatments included chiropractic treatments and physical therapy. On physical examination (5-19-15 and 8-18-15) his condition was stable. The cervical paraspinal muscles were markedly hypertonic, left greater than right, and range of motion was moderately restricted in flexion, side bending and right rotation. The IW was instructed to remain off work. A urine drug screen on 1-8-15 was consistent with prescribed medication. According to the records, he was taking Norco since at least 11-4-14. A Request for Authorization dated 8-19-15 was received for Hydrocodone-acetaminophen 10-325mg, #90 with 2 refills. The Utilization Review on 8-26-15 modified the request for Hydrocodone-acetaminophen 10-325mg, #90 with 2 refills to allow #68 and no refills for weaning purposes, per CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #90 with 2 refills: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: The patient presents on 08/18/15 with neck pain rated 6-7/10 without medications (4-5/10 with medications) and associated suboccipital headaches. The patient's date of injury is 09/12/01. Patient has no documented surgical history directed at this complaint. The request is for Hydrocodone/Acetaminophen 10/325mg #90 with 2 refills. The RFA is dated 08/19/15. Physical examination dated 08/18/15 reveals marked hypertonicity of the cervical paraspinal muscles (left greater than right), and moderately restricted cervical range of motion. The patient is currently prescribed Norco. Patient is currently advised to remain off work. MTUS, Criteria Use for Opioids Section, 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, Criteria Use for Opioids Section, 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. MTUS, Criteria Use for Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the requested Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 08/18/15 has the following regarding medication efficacy: "... he continues to receive some pain relief from taking Norco 10/325 three times daily which brings his pain down from a level 6-7/10 to a 4-5/10." Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, evidence of analgesia via a validated scale is documented, though the provider neglects to include any activity-specific functional improvements attributed to narcotic medications and does not specifically state that this patient lacks any aberrant behaviors. Given the lack of complete 4A's, documentation, the continuation of Norco cannot be substantiated and this patient should be weaned. The request IS NOT medically necessary.