

Case Number:	CM15-0176960		
Date Assigned:	09/17/2015	Date of Injury:	07/01/1995
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
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: Texas, California
 Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury on 07-01-1995. A review of the medical records indicated that the injured worker is undergoing treatment for chronic neck pain, cervical degenerative disc disease and bilateral upper extremity pain. According to the treating physician's progress report on 08-20-2015, the injured worker continues to experience neck pain towards the afternoon with radiation to the bilateral upper extremities associated with numbness and tingling in her hands. Physical examination noted a normal, non-antalgic gait without difficulty with sitting or rising from a chair. 5/5 strength in the bilateral upper extremities was grossly intact with decreased range of motion in all planes in cervical region. Prior treatments have included pain management, physical therapy, acupuncture therapy, massage, craniofacial therapy, steroid injections, functional restoration program (FRP), home exercise program and medications. Current medications were listed as Norco and Xanax (at least since May 2015). Other medications taken by the patient include Wellbutrin. Treatment plan consists of continuing home exercise program and walking program and on 08-21-2015 the provider requested authorization for Norco 10-325mg, 1 tablet 3 times a day #90. The Utilization Review modified the request for Norco 10-325mg, 1 tablet 3 times a day #90 to Norco 10/325mg, 1 tablet 3 times a day #21 on 08-28-2015. The patient sustained the injury when she was carrying an elder patient. The patient has a history of low back surgery in 1998. The patient has a history of anxiety and depression. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet 3 times a day #90, as an outpatient for submitted diagnosis chronic neck pain, cervical degenerative disc disease, chronic pain syndrome, bilateral upper extremity pain: 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.

Decision rationale: Request: Norco 10/325mg 1 tablet 3 times a day #90, as an outpatient for submitted diagnosis chronic neck pain. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that the patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend a urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non opioid medications (anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg 1 tablet 3 times a day #90, is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. The request is not medically necessary.