

Case Number:	CM15-0178464		
Date Assigned:	09/18/2015	Date of Injury:	03/06/2014
Decision Date:	10/22/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 35-year-old female worker who was injured on 3-6-2014. The medical records indicated the injured worker (IW) was treated for cervical spondylosis; cervical degenerative disc disease; myofascial spasm; radiculopathy; and high functional status. Progress notes (4-10-15 and 7-10-15), stated the IW had complaints of neck pain, radiating into her arm. She was taking Norco (since at least 3-9-15) at night with 90% improvement in pain; Lyrica twice daily, with 80% improvement in pain; and Ibuprofen daily. Her medications allowed her to work full time. No drug aberrancies were noted in her behavior and her urine drug tests and PAR were reportedly consistent. Lyrica at a lower dose was not as effective. Heat and rest improved her pain. The IW had changed her career to avoid repetitive motion injury and she was feeling significant pain relief from the Lyrica. On physical examination (7-10-15) cervical rotation was painless and extension was minimally painful. The right cervical facet joint line was significantly tender to palpation with reproduction of her upper extremity pain as well. Progress notes dated 5-11-15 stated the urine drug test from 4-10-15 was negative for all drugs due to the IW taking Norco only as needed at the time due to nausea; the PAR had been "okay" since 3-9-15. She was given a home exercise program. She had previous elbow injections that were helpful, but acupuncture caused muscle spasms. A Request for Authorization was received for Norco 10-325mg, #30. The Utilization Review on 8-19-15 non-certified the request for Norco 10-325mg, #30 and recommended weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

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 for chronic pain.

Decision rationale: The requested Norco 10/325mg #30 is medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, radiating into her arm. She was taking Norco (since at least 3-9-15) at night with 90% improvement in pain; Lyrica twice daily, with 80% improvement in pain; and Ibuprofen daily. Her medications allowed her to work full time. No drug aberrancies were noted in her behavior and her urine drug tests and PAR were reportedly consistent. Lyrica at a lower dose was not as effective. Heat and rest improved her pain. The IW had changed her career to avoid repetitive motion injury and she was feeling significant pain relief from the Lyrica. On physical examination, (7-10-15) cervical rotation was painless and extension was minimally painful. The right cervical facet joint line was significantly tender to palpation with reproduction of her upper extremity pain as well. Progress notes dated 5-11-15 stated the urine drug test from 4-10-15 was negative for all drugs due to the IW taking Norco only as needed at the time due to nausea; the PAR had been "okay" since 3-9-15. She was given a home exercise program. She had previous elbow injections that were helpful, but acupuncture caused muscle spasms. The treating physician has documented derived functional improvement, i.e. working full-time, from this low opiate load narcotic. The criteria noted above having been met, Norco 10/325mg #30 is medically necessary.