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| Case Number: | CM15-0028986 | | |
| Date Assigned: | 02/23/2015 | Date of Injury: | 06/27/2005 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 02/02/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 6/27/05. She has reported pain in the neck and right shoulder. The diagnoses have included cervical facet arthropathy, cervical radiculopathy, insomnia and headaches. Treatment to date has included cervical CT, cervical MRI, physical therapy, acupuncture and oral medications. As of the PR2 dated 1/8/15, the injured worker reports neck and back pain that radiates down left upper extremity. The treating physician gave the injured worker an intramuscular B-12 injection. The treating physician requested Norco 10/325mg #60 for purposes of continuing opioid taper for discontinuation over the course of the next 1-2 months. On 2/2/15 Utilization Review non-certified a request for Norco 10/325mg #60 for purposes of continuing opioid taper for discontinuation over the course of the next 1-2 months. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment. On 2/17/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #60 for purposes of continuing opioid taper for discontinuation over the course of the next 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1q6hrs #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-78, 80, 86 & 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Neck and Upper Back (Acute and Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg 1q6hrs #120 is not medically necessary.