

Case Number:	CM15-0060247		
Date Assigned:	04/06/2015	Date of Injury:	04/12/2007
Decision Date:	05/11/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/30/2015

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, Pain Management

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 59-year-old female who sustained an industrial injury on 04/12/2007. Diagnoses include cervical disc herniation, status post C4-5 corpectomy and removal of hardware at C5-6, and C6-7, and anxiety and depression. Treatment to date has included surgery, medications, and psychotherapy. A physician progress note dated 02/18/2015 documents the injured worker has neck pain, which is described as a dull, ache and rates it a 6 out of 10. The pain radiates to the back of the right shoulder. She has head tremors, which are intermittent. On examination neck, rotation to the right is 45 degrees with stiffness in the right side of the neck. Rotation to the left is 45 degrees; flexion is 45 degrees with pain in the right side of the neck. Extension is 45-50 degrees with neck pain on the right. Treatment requested is for Norco 10/325mg, QTY: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did adequately document monitoring of the four domains. Improvement in function and pain reduction in a note from February 18, 2015. There is documentation of pain score reduction from 6 to 3 and improvement in activities. The patient has been risk stratified using the ORT, with a score 1, indicating low risk. The patient has no side effects to narcotics. Given this, this request is medically necessary.