

Case Number:	CM15-0063387		
Date Assigned:	04/09/2015	Date of Injury:	05/14/2004
Decision Date:	05/15/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/03/2015

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: Internal 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 46-year-old man sustained an industrial injury on 5/14/2004. The mechanism of injury is not detailed. Diagnoses include displacement of cervical intervertebral disc without myelopathy. Treatment has included oral medications. Physician notes dated 2/13/2015 show complaints of chronic neck pain rated 2/10 with medications and 8/120 without medications. Recommendations include cervical collar, refill Neurontin and Norco, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints Page(s): 47-48, 181-183, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. 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 non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The medical records document a history of chronic neck pain. Regarding the mechanism injury, the patient was injured in May 2004 while using a bolt cutter. The progress report dated March 12, 2015 noted that the patient was alert and oriented in no acute distress on physical examination. Examination of the cervical spine demonstrated that the cervical spine was tight and had limited range of motion. Spurling test was positive. Specific location of pain or tenderness was not documented on physical examination. No imaging studies of the cervical spine were documented. The request for Norco 10/325 mg is not supported by MTUS / ACOEM guidelines. Therefore, the request for Norco 10/325 mg is not medically necessary.