MAXIMUS Federal Services

Case Number:	CM15-0070929		
Date Assigned:	04/21/2015	Date of Injury:	09/30/2013
Decision Date:	05/20/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/15/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 40-year-old male, who sustained an industrial/work injury on 9/30/13.He reported initial complaints of pain in neck and left upper arm. The injured worker was diagnosed as having cervical musculoligamentous sprain/strain with left arm radiculitis and multilevel spondylosis, cervical disc protrusions/cord compression and moderate stenosis. Treatment to date has included medication, diagnostics, surgery (cervical discectomy/fusion on 9/23/14), chiropractor care, occupational therapy. MRI results were reported on 5/16/14. X-Rays results were reported on 9/18/14, 11/4/14, and 3/19/15. Currently, the injured worker complains of neck pain, headache, upper back pain, and numbness in his last two fingers on the left. Per the neurosurgical evaluation on 4/6/15, the pain is rated a 5-6/10. Exam noted healing surgical incision. The primary treating physician's progress report (PR-2) of 3/25/15 examination noted that the cervical spine had a well healed surgical scar, right anterior spasm of trapezius muscles and periscapular musculature. Range of motion of the cervical spine is 36 degrees flexion/26 degrees extension/right rotation of 48 degrees/left rotation of 46 degrees/right side bending of 40 degrees/ and left side bending of 38 degrees. The requested treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg qty: 90 is not medically necessary.