

Case Number:	CM14-0152717		
Date Assigned:	09/22/2014	Date of Injury:	08/28/1998
Decision Date:	11/05/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/18/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 08/28/1998. The injured worker's diagnoses included status post cervical fusion C5-6, chronic cervical radiculopathy, lumbar spine degenerative disc disease, lumbar facet arthropathy, intractable pain, and history of bilateral carpal tunnel release with residuals. The injured worker's past treatments included psychotherapeutic care, home exercise program, and medications. The injured worker's diagnostic testing included an MRI of the cervical spine dated 04/03/2013, which revealed moderate discogenic spondylosis at C3 through C5 and C6-7, no evidence of hardware failure, loosening, or infection to the posterior fusion hardware. An MRI of the lumbar spine performed on 04/03/2013 revealed neural foraminal narrowing without significant impingement of exiting nerve roots at the L4-5 level. Grade 1 anterolisthesis of L3 over L4 and L4 over L5 was noted without evidence of pars, and grade 1 retrolisthesis of L5 over S1 was noted with evidence of pars fracture. The injured worker's surgical history included an anterior cervical discectomy and fusion at C5-6. On 08/12/2014, the injured worker complained of neck and low back pain. She rated her pain a 7/10, and reported without medications, the pain was severe and unbearable. She reported that with medication, she was functional with improvement in pain. Upon physical examination of the cervical spine, the injured worker was noted to have spasm and painful, decreased range of motion. Examination of the bilateral hands and wrists revealed positive Tinel's and Phalen's bilaterally. Examination of the lumbar spine revealed spasm, pain, and limited range of motion. The injured worker's medications included Xanax 1 mg, Norco 10/325 mg, Topamax 100 mg, and OxyContin 80 mg. The request was for Norco 10/325 mg. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 08/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, qty: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Opioids Ongoing management and Antiepileptic medi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for Norco 10/325 mg, Qty 180 is not medically necessary. The California MTUS Guidelines recommend continued opioid therapy for patients with ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include a current quantified pain, the least reported pain over the period since the last assessment, intensity of pain after taking the opioid, 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. 4 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 drug related behaviors. The guidelines recommend continuing use opioids if the patient has returned to work and if the patient has improved functioning and pain. The injured worker was documented to have been taking Norco since at least 03/2014. However, there is insufficient evidence of the efficacy of the medication. She rated her pain at 7/10 on a pain scale. The documentation did not indicate her pain level after taking the opioid or how long the medication lasts. The injured worker was noted to have spasm, and painful and decreased range of motion to the cervical spine. The documentation did not provide evidence of significant functional improvements with the use of the medication. In the absence of documentation with sufficient evidence of significant objective functional improvement and a complete and thorough pain evaluation that indicates a decrease in pain with medication, the request is not supported. Additionally, as the request was written, there was no frequency provided. Therefore, the request is not medically necessary.