

Case Number:	CM13-0037398		
Date Assigned:	12/13/2013	Date of Injury:	01/16/2002
Decision Date:	02/24/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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 patient is a 64-year-old female. The patient has chronic cervicalgia, bilateral upper extremity referred radicular pain, recurrent myofascial strain, multilevel degenerative disc disease, chronic lumbar backache, bilateral lower extremity radicular pain, failed lumbar back surgery syndrome, status post lumbar laminectomy, right knee region arthralgia. Patient has an intrathecal pump in situ, cervical C3-4, C6-T1 cervical fusion and discectomy in 6/2013. Her intrathecal medications include baclofen, hydromorphone, and bupivacaine which provide relief. The patient also takes Norco and Percocet, Cymbalta, Motrin, phenergan, and laxatives and Neurontin. She has restricted range of motion (ROM) in lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (dispense generic unless DAW): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

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

Decision rationale: CA MTUS does recommend opioid medications for chronic pain. In this case, the patient is getting relief from intrathecal medications and is using short-acting opioids

for breakthrough pain; the patient is prescribed two short acting medications in Norco and Percocet. Report dated 11/11/2013 indicates the Percocet was discontinued and Norco was continued as patient has fewer side effects from Norco. The patient should continue her Norco and discontinue the Percocet. The patient should use intrathecal medications first, before oral medications. The patient appears to benefit from oral opioids fro breakthrough pain, and guidelines recommend benefit from opioids to continue this treatment (continuation of opioids, page 79 MTUS chronic pain guides). Therefore, Norco is appropriate.