

Case Number:	CM13-0039903		
Date Assigned:	12/20/2013	Date of Injury:	05/14/2004
Decision Date:	03/24/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/09/2013

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:

This 54 year-old male sustained an injury on 5/14/04 while employed by [REDACTED]. Request under consideration include Norco 10/325 mg #90. Report of 9/12/13 from [REDACTED] noted patient with low back, neck, right scapular pain, sleep disturbances and trouble performing activities of daily living. Exam findings were muscle spasm in low back with reduced range, negative SLR; cervical muscle spasm with reduced range; thoracic spasms with flexed antalgic posture. Diagnoses previously included lumbar strain with right lumbar radiculitis; cervical strain with cervical radiculitis; thoracic strain/ scapular strain; and insomnia secondary to chronic pain. The patient has been P&S since 3/16/06 per report of 9/13/13 of [REDACTED]. Norco was non-certified on multiple occasions, with last on 9/26/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: This 54 year-old male sustained an injury on 5/14/04 while employed by [REDACTED]. Request under consideration include Norco 10/325 mg #90. Report of 9/12/13 from [REDACTED] noted patient with low back, neck, right scapular pain, sleep disturbances and trouble performing activities of daily living. Exam findings were muscle spasm in low back with reduced range, negative SLR; cervical muscle spasm with reduced range; thoracic spasms with flexed antalgic posture. Diagnoses previously included lumbar strain with right lumbar radiculitis; cervical strain with cervical radiculitis; thoracic strain/ scapular strain; and insomnia secondary to chronic pain. The patient has been P&S since 3/16/06 per report of 9/13/13 of [REDACTED]. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. MTUS Chronic Pain, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, Guidelines state, "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2004 injury. Norco 10/325 mg #90 is not medically necessary and appropriate.