

Case Number:	CM13-0043659		
Date Assigned:	04/25/2014	Date of Injury:	02/08/2001
Decision Date:	08/15/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/24/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 8, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery; ganglion cyst removal; cervical fusion surgery; ankle surgery; cervical collar; and extensive periods of time off of work. In a Utilization Review Report dated September 19, 2013, the claims administrator partially certified Norco, reportedly for weaning purposes. The applicant's attorney subsequently appealed. On January 17, 2014, the applicant reported persistent complaints of neck, low back, and right shoulder pain. The applicant was using eight Norco a day, it is stated. The applicant stated that Norco is allowing her to remain busy with her grandchildren, remain functional, and walk 40 minutes daily. The applicant was not working, it is acknowledged. The applicant did report pain ranging from 2-9/10, however. The applicant was given a refill of Norco. The applicant is also concurrently using Klonopin, Soma, and Imitrex, it was stated. On an earlier letter of December 5, 2013, it was stated that the applicant had issues with unusual behavior, auditory hallucinations, and breaks from reality, it was stated. The applicant had reported medication theft on multiple occasions, in 2012 and 2013. It was again stated that the applicant was reporting 1-10/10 pain. The applicant was speaking irrationally, it was stated. The applicant was given prescription for Norco, Valium, Klonopin, Soma, and Imitrex.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Differentiation: Dependence and Addiction topic Page(s): 86.

Decision rationale: As noted on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicant's psychiatric treatment history, issues of the auditory hallucinations, and seeming difficulty carrying on basic conversations, couple of the applicant's multiple reports of lost or stolen medications, taken together, are markers for aberrant drug behavior. The attending provider, while reporting that the applicant's ongoing usage of Norco has been beneficial in terms of diminishing pain scores, has failed to account for or discount the applicant's mental health issues, hallucinations, and/or frequent reports of lost or stolen medications. The attending provider has not seemingly altered the medication management profile in anyway, despite these signs of aberrant behavior. Therefore, the request is not medically necessary.