

Case Number:	CM13-0057510		
Date Assigned:	12/30/2013	Date of Injury:	04/11/2011
Decision Date:	05/05/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 63-year-old female who reported an injury on 04/11/2011. The mechanism of injury was not provided for review. The injured worker ultimately underwent a cervical spinal fusion. The injured worker was evaluated on 10/08/2013. Physical findings included tenderness to palpation of the paraspinal lumbar musculature with a positive straight leg raising test and weakness in the extensor hallucis longus. It was also noted that the injured worker had decreased sensation to light touch over the posterolateral calf. The injured worker had pain complaints in the low back rated at a 9/10 that radiated into the bilateral lower extremities and 10/10 elbow pain with associated numbness and tingling in her fingers. It was documented that the injured worker's medication schedule included Norco, Medrox patches, and Flurbiprofen 20% gel. The injured worker's diagnoses included status post anterior cervical decompression and fusion, swallowing difficulties, lumbar radiculopathy, and L4 -5 lateral recess stenosis with disc herniation. The injured worker's treatment plan included continuation of medications. The injured worker was evaluated on 11/12/2013. It was documented that the injured worker had frequent neck pain rated at a 5/10 with persistent low back pain rated at a 10/10. The injured worker's treatment plan at that time included an additional lumbar epidural steroid injection and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 MG #60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 08/2012. There is documentation that the injured worker is monitored for aberrant behavior with urine drug screens. However, the clinical documentation submitted for review fails to identify any functional benefit related to medication use. Additionally, there is no quantitative assessment of pain relief resulting from medication usage. Therefore, continued use would not be supported. As such, the requested Norco 10/325 MG #60 is not medically necessary or appropriate.