

Case Number:	CM13-0058009		
Date Assigned:	04/25/2014	Date of Injury:	01/17/2007
Decision Date:	06/11/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/26/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 59 year old female with date of injury 1/17/07. The mechanism of injury is stated as being hit with a trash can. The patient has complained of neck pain with radiation to the bilateral shoulders since the date of injury. She has had two surgical procedures to include a cervical discectomy and fusion at C5/6 and an endoscopic laser decompression at C6/7. She has also been treated with epidural corticosteroid injections, physical therapy and medications. Objective: decreased range of motion of the cervical spine, decreased sensation in the bilateral upper extremities, mild decrease in motor strength of the bilateral upper extremities. Diagnoses: degenerative disc disease cervical spine, cervical radiculitis. The treatment plan and request is for Kadian & Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 100MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-85, 88-89.

Decision rationale: This 59 year old female has complained of neck pain with bilateral upper extremity pain since date of injury on 1/17/07. She has been treated with surgery, corticosteroid injections, physical therapy and medications to include opioids for at least 8 months duration. The current request is for an opioid medication. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Kadian is not indicated as medically necessary.

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-85, 88-89.

Decision rationale: This 59 year old female has complained of neck pain with bilateral upper extremity pain since date of injury on 1/17/07. She has been treated with surgery, corticosteroid injections, physical therapy and medications to include opioids for at least 8 months duration. The current request is for an opioid medication. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the California MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.