MAXIMUS Federal Services

Case Number:	CM13-0061804		
Date Assigned:	12/30/2013	Date of Injury:	02/28/2002
Decision Date:	04/23/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/05/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 45-year-old female who reported an injury on 02/28/2002. The mechanism of injury was noted to be that the patient had about four or five boxes high that were piled and stacked and when the patient went to slide one of the boxes and lift it onto the desk, the patient twisted her body and felt something in her left shoulder. The patient's medication history included Norco, Soma, Topamax, Amitiza, Lidoderm, and Senna as well as Lunesta and Celebrex as of 02/2013. The documentation of 10/22/2013 revealed the patient was taking the Norco to decrease the severity of pain in the cervical spine and indicated that Norco alone was not sufficient to allow for increased mobility and ability to perform activities of daily living. The patient's diagnoses were noted to include spinal stenosis of the cervical region, bicipital tenosynovitis, displacement of the cervical intervertebral disc without myelopathy, cervical spondylosis without myelopathy, closed dislocation of other site of shoulder, complete rupture of rotator cuff, depressive disorder not elsewhere classified, insomnia unspecified, lesion of the ulnar nerve, superior glenoid labrum lesions, and unspecified myalgia and myositis, and the recommendation was to start Norco 10/325 mg 2 tablets every six hours as needed #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the Visual analogue scale score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the patient's Visual analogue scale score. It was indicated the patient had an increased pain and decreased ability to perform activities of daily living and to function due to medications being denied. Topamax, Amitiza, Lidoderm, and Senna as well as Lunesta and Celebrex as of 02/2013. The documentation of 10/22/2013 revealed the patient was taking the Norco to decrease the severity of pain in the cervical spine and indicated that Norco alone was not sufficient to allow for increased mobility and ability to perform activities of daily living. There was a lack of documentation indicating other options that could be trialed. Additionally, as the Norco alone was not helping the patient, the request for increased Norco would not be supported. Given the above, the Prospective Request for one Prescription of Norco 10/325mg #240 was medically necessary.