MAXIMUS Federal Services

| Case Number: | CM13-0065810 | | |
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| Date Assigned: | 01/03/2014 | Date of Injury: | 11/27/2000 |
| Decision Date: | 04/22/2014 | UR Denial Date: | 11/27/2013 |
| Priority: | Standard | Application Received: | 12/13/2013 |

## 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. 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 52-year-old female who reported an injury on 11/27/2000. The mechanism of injury was not provided for review. The patient developed chronic pain to the right shoulder, cervical spine, and right hip. The patient's chronic pain was managed with medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical documentation noted that the patient had pain rated at a 10/10 without medications that was reduced to a 1/10 with medications. It is also noted that the patient has improved functionality related to medication usage when compared to not using medications. It was noted that the patient's treatment goals were to enter a narcotic detoxification and functional restoration program. The patient's diagnoses included cervical radiculopathy status post cervical fusion, neck pain, right shoulder sprain status post surgery, cephalgia, chronic pain syndrome, tension headaches, chronic pain related insomnia, myofascial syndrome, narcotic dependence, and neuropathic pain. The patient's treatment plan included continuation of medications to maintain functional stability and pain control prior to entrance into a narcotic detoxification and functional restoration program.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE PRESCRIPTION OF NORCO, #200:** 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 Section Page(s): 78.

**Decision rationale:** The requested 1 prescription of Norco, #200 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends that patients using opioids in the management of chronic pain be provided continued use based on a quantitative assessment of pain relief, manages side effects, documentation of functional benefit, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior with urine drug screens that are regularly consistent. Additionally, it is documented that the patient received significant pain relief from medication usage as the patient has 10/10 pain without medications, reduced to a 1/10 pain with medications. Additionally, the clinical documentation submitted for review does indicate that the patient has improved functionality with medications when compared to without medications. The patient's treatment goals are clearly defined within the documentation and include detoxification. Therefore, continued use of this medication would be medically appropriate. However, the request as it is written does not clearly identify a dosage, frequency, or duration of treatment. Therefore, the appropriateness of this request cannot be determined. As such, the requested 1 prescription of Norco, #200 is not medically necessary or appropriate.