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| Case Number: | CM14-0000118 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 08/26/1999 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 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:

This 70 year-old patient sustained an injury on 8/26/99 while employed by the [REDACTED]. The patient is status post cervical fusion. Past co-morbidities included diabetes, hypertension, and arthritis. Previous requests for Norco have been modified to assist in the weaning process; this was most recently noted on 8/20/13. Current MED is 40 for this 1999 injury. A report dated 12/17/13 from the nurse practitioner/provider noted that the patient's pain is poorly controlled and causes weakness. Norco has been effective for some pain control. The patient reported muscle spasms which increased her pain level. Exam noted stiff antalgic gait due to use of can. Range of motion was limited by pain. Strength was 3/5 on left. Sensation was unequal, with the left side decreased. Lumbar range of motion was limited in all planes. The medications request included Norco, Lyrica, and Amrix.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 NORCO 10/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment, and the use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization, or change in the status of activities of daily living. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 1999 injury. As such, the request for Norco is noncertified.