

Case Number:	CM14-0001801		
Date Assigned:	03/03/2014	Date of Injury:	08/26/1996
Decision Date:	08/21/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 is a 53-year-old male with an 8/26/96 date of injury. When he was dispensing oil from a 55 gallon drum, the cart came out from under the barrel and hit the patient's legs, flipping him over; he hit his head on the floor. A 12/12/13 new patient consultation identified that the patient was managed at one point with Vicodin and then, apparently several years later, with methadone, which was discontinued given that the patient was tested positive for marijuana in a urine toxicology test. It was also noted that the patient had a deposition and was sent to the provider for further evaluation and treatment. Subjective complaints include poor dentition, jaw pain, muscles spasms, neck pain, and numbness and tingling in both hands. The pain was rated 8/10 with medications and 7/10 without medications. The pain was worse with any activity. Current medications included Flexeril, Tamsulosin, BuSpar, Celexa, Zoloft, Ropinirole, Omeprazole, and Hydroxyzine. It was also noted that the patient had a history of marijuana, remote cocaine, and methamphetamine use. Exam reveal decreased range of motion in the cervical spine, 5/5 strength, and 2+ reflexes. The provider stated that the patient still had medication given a previous clinic. He also noted that he was keeping the patient in a small dose of Norco due to past history of illicit drug use and that the patient would be monitored closely.

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 Page(s): 79-81. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain, Jane C. Ballantyne, M.D., and Jianren Mao, M.D., Ph.D.N Engl J Med 2003; 349:1943-1953 November 13, 2003 DOI: 10.1056/NEJMra025411.

Decision rationale: The patient apparently was being seen at a clinic and changed providers. He was initially seen by the requesting physician in December 2013. There were complaints of neck pain and radicular symptoms to the upper extremities. The provider stated that he would like to continue with a small dose of Norco due to prior history of illicit drug use. However, there was no indication of appropriate compliance guidelines including documentation of current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and patient. There was no evidence of ongoing efficacy including measurable subjective and/or functional benefit with prior use. The pain level was 8/10 and only decreased to 7/10 with medications. Although opiates may be appropriate, additional information would be necessary, as the California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. As such, the request is not medically necessary.