

Case Number:	CM14-0002002		
Date Assigned:	01/24/2014	Date of Injury:	10/16/2000
Decision Date:	06/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/07/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 62-year-old male who reported an injury on 10/16/2000. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to his cervical spine and low back. The injured worker was evaluated on 12/09/2013. Physical findings included tenderness of the cervical spine from the C2 through the C7, tenderness of the thoracic spine, restricted range of motion secondary to pain, weakness rated 1/5 of the right upper extremity with hypoesthesia in the right arm, restricted range of motion of the right shoulder, and 1/5 to 2/5 motor strength of the left arm with hypoesthesia. The injured worker's diagnoses included posttraumatic discogenic disease of the cervical spine and thoracic spine, and right shoulder injury. The injured worker's treatment plan included continuation of medications. Medications included Fentanyl patch 100 mcg 1 every 2 days, Norco 10/325 mg, and Elavil 1 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 TWO TABLETS FOUR TIMES A DAY QUANTITY 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg tablets 4 times a day quantity 240 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not specifically identify whether or not the injured worker is monitored for aberrant behavior. Additionally, a quantitative assessment of pain relief or functional benefit was not provided. Furthermore, the request as it is submitted does not provide a frequency of treatment. As such, the requested Norco 10/325 mg 2 tablets 4 times a day, quantity 240 is not medically necessary or appropriate.