

Case Number:	CM14-0003680		
Date Assigned:	01/31/2014	Date of Injury:	01/14/2002
Decision Date:	06/20/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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:

The patient is a 63-year-old female who has submitted a claim for cervical disc disease, post-laminectomy pain syndrome, and supraspinatus tendinopathy of the right shoulder associated with an industrial injury date of January 14, 2002. Medical records from 2012 to 2013 were reviewed. The patient complained of pain in the upper extremities and tremors of the hands and neck. Physical examination showed limited neck Range of Motion (ROM) and tenderness over the cervical spinous processes and right scapular region of the back. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAID), Opioids, anticonvulsants, antidepressants, muscle relaxants, physical therapy, and cervical fusion (5/2/12). Utilization review from December 30, 2013 partially certified the request for Norco 10/325MG Q8 #90 to Norco 10/325MG Q8 #60 to be used for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been using Norco since October 2012. Patient reported that Norco helps decrease pain and that there were no side effects and abusive behaviors noted. However, recent progress notes showed that there was persistent limitation in Activities Of Daily Living (ADL) and tremors in the hands and neck. Tremors may be a sign of noncompliance to opioids. There is no single urine drug screen included in the medical records reviewed that would indicate compliance to opioids. CA MTUS requires clear and concise documentation for continuing opioid management. Therefore, the request for Norco 10/325MG, #90 is not medically necessary.