

Case Number:	CM14-0006325		
Date Assigned:	02/05/2014	Date of Injury:	10/14/2005
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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 52-year-old female with a 10/14/05 date of injury. The patient was seen on 12/20/13 for evaluation of the L spine and right shoulder. She was noted to be on Norco, Tylenol, and Flexeril which allows her to function at her current level. In addition, it was noted the patient was not able to tolerate NSAIDs. A physical exam from on 11/20/13 notes decreased sensation at the L5 dermatome. Facet provocation caused ipsilateral pain and lumbar range of motion was decreased. A UR decision dated 12/17/13 modified the request given the patient was on Norco since 5/30/13 as well as Vicodin since 6/26/13. In a UR decision dated 8/5/10, a taper of Norco was initiated. Hence, the request was modified from #60 Norco to #34.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as

directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect. This patient has a 2005 date of injury. There is no description of VAS with and without medication, no description of functional gains, no evidence of monitoring, and no pain contract. Thus, the request as submitted was not medically necessary.