MAXIMUS Federal Services

Case Number:	CM14-0006494		
Date Assigned:	04/07/2014	Date of Injury:	03/22/2004
Decision Date:	05/27/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/16/2014

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 Occupational Medicine 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 an employee of [redacted] who filed a claim of pain in the head, neck, shoulders, upper and lower back associated with industrial injury dated 03/22/2004. Treatment to date has included Cervical MRI done which revealed degenerative disc disease at C3-C4. She also had Physical Therapy since 2005 but the number of sessions was not mentioned in the medical records. Cervical epidural injection was also given to her since 07/2005. Medications prescribed were Vicodin ES 7.5-750 3x a day, Arthotec 50 mg which were prescribed since November 2006. Valium 5 mg 2x a day, B12 injections, Celebrex, Relpax 40 mg prn and Glucosamine and Chondroitin Sulfate were also prescribed since 2012. Norco 10/325 mg once a day was initially prescribed on Nov. 12, 2013. Utilization review dated Jan. 16, 2014 denied the request for Norco 10/325mg #80 because CA MTUS stated that to continue opioids patient has to return to work and has improvement in functioning and pain. Patient has no documentation of return to work or other functional improvement attributable to opioid use. Medical records from 2005 to 2013 were reviewd showing that the patient continues to experience severe migraine, neck, jaw, back and shouder pains. Physical examination revealed anteflexion of head and neck allows 10 degrees of both flexion and extenson. Anteflexion of the trunk on the pelvis allows for 30 degrees of flexion. Tinel's test is negative at both wrists. There is paracervical tenderness from C2 to C7-T1 and parathoracic tenderness from T1 to T12-L1. Paralumbar tenderness from L1 to L5-S1, slight bilateral TMJ and trochanteric tenderness were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80.

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

Decision rationale: As stated in page 78 of MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has had Vicodin since 2006 and Norco since 2013 however, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects associated with the use of this medication. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325 mg is not medically necessary.