

Case Number:	CM14-0102975		
Date Assigned:	07/30/2014	Date of Injury:	11/12/2003
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 59 year old with an injury date on 11/12/03. Patient complains of cervical pain, thoracic pain, and right extremity pain per 5/2/13 report. He is s/p SCS implantation from 6/24/11 and has ongoing relief from its use. Patient is doing well with exercises he learned from physical therapy per 5/2/13 report. Based on the 5/2/13 progress report provided by [REDACTED] the diagnoses are: 1. cervical disc. w/ radiculitis 2. degenerative disc disease, cervical 3. post-laminectomy syndrome, cervical Exam on 5/2/13 showed "non-antalgic gait. No assistive devices used for walking. Patient able to sit for 15 minutes without limitations or evidence of pain." [REDACTED] is requesting Norco Tab 10/325mg Qty: 210, Day Supply: 30. The utilization review determination being challenged is dated 6/6/14. [REDACTED] is the requesting provider, and he provided treatment reports from 1/11/13 to 6/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10/325 mg Qty: 240 Day Supply: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78.

Decision rationale: This patient presents with neck pain, thoracic pain, and right extremity pain. The treater has asked for Norco Tab 10/325mg Qty: 210, Day Supply: 30 on 5/2/13. Patient has been taking Norco since 1/11/13. Review of the 5/2/13 report shows patient is attempting to wean Norco down to 7/day instead of 8/day but is waiting for weather to warm up. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, therefore Norco Tab 10/325mg Qty: 240 supply: 30 is not medically necessary.