MAXIMUS Federal Services

Case Number:	CM14-0107248		
Date Assigned:	08/04/2014	Date of Injury:	08/31/1999
Decision Date:	10/07/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/10/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 41 year-old individual was reportedly injured on August 31, 1999. The mechanism of injury is noted as falling from a ladder. The most recent progress note, dated June 2, 2014, indicates that there are ongoing complaints of neck and arm and back in leg pain. The physical examination demonstrated loss of normal cervical lordosis, restricted range of motion of the cervical and lumbar spine, paravertebral muscle spasms of the cervical spine with tenderness to palpation of the left paravertebral cervical muscles. Spurling's maneuver causes pain but no radicular symptoms. Loss of normal lumbar lordosis is noted. EHL strength is 4/5 on the left and ankle dorsiflexion is 4/5 on the left. The remainder of the neurologic motor examination is unremarkable. Diminished sensation is noted over the CA and T-1 dermatomes of the left upper extremity and L4 and L5 dermatomes of the left lower extremity. Atrophy of the distal left calf is noted. A urine drug screen from September 2013 referenced no Duragesic or Neurontin and revealed an un-prescribed benzodiazepine. Previous treatments have included acupuncture therapy, psychotherapy, a tens unit, and exercise program, chiropractic care, and massage therapy. A request had been made for Norco 10/325 #180 and was not certified in the pre-authorization process on June 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg #180 for lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: As outlined in the MTUS, opioids are seen as an effective method for controlling chronic pain. Continuation of opioid medications requires improved function, notation of a return to work, or some other parameter that establishes the efficacy of the medication. The guidelines also require the lowest possible dose should be prescribed that improve pain and function and there needs to be ongoing review and documentation of these parameters. In this case, there is no documentation of any significant improvement, in fact, the most recent progress note indicates that the pain has worsened and that the claimant's pain is presently a 10/10 (a red flag for opioid hyperalgesia). Additionally, a September 2013 urine drug screening demonstrates noncompliance, both with the absence of medications prescribed, and evidence of benzodiazepines not prescribed. There are no recent urine drug screens provided demonstrating compliance (another red flag for misuse). Accordingly, based on the clinical information presented and the parameters outlined in the MTUS this is not medically necessary.