

Case Number:	CM14-0108617		
Date Assigned:	08/01/2014	Date of Injury:	07/16/1998
Decision Date:	09/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/11/2014

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 & Rehabilitation 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 59-year-old male with a 7/16/98 date of injury; the mechanism of the injury was not described. The patient was seen on 3/12/14 for the follow up visit. He complained of intermittent and stabbing neck pain radiating into the arm and reported that the medications were effective in reducing his pain and improving his function. The pain was 4/10, 2 at an average and 6 at worst. The patient was taking Flector patch and Neurontin 300 mg a tablet once a day. The reviewer's report dated 6/29/14 stated that the patient was seen on 6/4/14 with complaints of 5-6/10 intermittent, sharp shooting back pain. The patient stated that he had difficulty sleeping due to the pain and that with the opioid use his tolerance with ADLs improved, the pain improved by 50% and his function improved by 60%. Exam findings revealed tenderness in the cervical paravertebral muscle regions on the right and reduced range of motion in the cervical spine. The patient was taking Norco and Neurontin. The diagnosis is cervical radiculopathy. Treatment to date: medications. An adverse determination was received on 6/29/14. The request for Norco 5/325MG #60 with 1 refill was modified to 0 refills due to a lack of documentation of a current urine drug test and attempted weaning/tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325MG #60 with 1 refill: Upheld

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

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 effects. The progress report dated 3/12/14 stated that the patient's pain was 4/10 on average and there was no information that the patient was taking Norco at that time. In addition, the report from 6/4/14 indicated that the patient's pain was 5-6/10 with Norco use. However, given the 1998 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, a lack of adverse side effects, or aberrant behavior. There was no recent urine drug test available for the review. Therefore, the request for Norco 5/325MG #60 with 1 refill was not medically necessary.