

Case Number:	CM14-0109974		
Date Assigned:	08/01/2014	Date of Injury:	07/25/2001
Decision Date:	09/10/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/15/2014

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 Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old female who reported an injury on 07/25/2001. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her cervical spine. The injured worker was evaluated on 05/09/2014. It was noted that the injured worker had 9/10 pain of the cervical spine. Physical findings included weakness in multiple muscle groups of the left upper extremity with a weak grip and a positive Spurling's maneuver to the left. The injured worker had restricted range of motion of the cervical spine secondary to pain. The injured worker's diagnoses included prior arthrodesis at the C6-7, spinal stenosis at the C3-4, C4-5 and C5-6 with radiculopathy, lumbar degenerative disc disease multilevel, bilateral sacroiliac joint dysfunction and nonindustrial thyroid cancer. The injured worker's medications included Norco 10/325 mg 10 per day in divided doses, Klonopin 0.5 mg, Lidoderm patches 5%. The injured worker's treatment plan included continued medications and anterior cervical discectomy and decompression at the C3-4, C4-5 and C5-6. The Request for Authorization for a refill of medications to include Norco 10/325 mg was submitted on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300 with 3 refills (total quantity 4): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule recommends that ongoing use of opioids be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation does indicate that the injured worker has been on this medication since at least 08/2013. However, the clinical documentation fails to provide any evidence on a quantitative assessment of pain relief or documentation of functional benefit resulting from the use of this medication. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Furthermore, the request, as it is submitted, does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #300 with 3 refills (total quantity 4) not medically necessary or appropriate.