

Case Number:	CM14-0011941		
Date Assigned:	06/11/2014	Date of Injury:	10/18/2011
Decision Date:	07/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 Management 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:

According to the records made available for review, this is a 36-year-old female with a 10/18/11 date of injury. At the time (1/23/14) of request for authorization for Norco 10/325 mg #180, there is documentation of subjective (spasticity, left-sided neck pain with radiation to the left shoulder, associated migraine), and objective (decreased range of motion of the back with radiation to the lower extremity, positive straight leg raise bilaterally, sensory deficits in L4-5 dermatomes, depressed mood and affect) findings, current diagnoses (chronic pain syndrome, occipital neuralgia, cervicogenic headaches, back pain, lumbar disc displacement, cervicalgia, cervical spine degenerative disc disease, facet disease, chronic depression, chronic insomnia, and chronic anxiety), and treatment to date (cervical epidural steroid injection, Botox injections, and medications (including Norco (since at least 7/13)). 1/13/14 medical report identifies decreased efficacy of Norco for pain. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Opioids
Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain syndrome, occipital neuralgia, cervicogenic headaches, back pain, lumbar disc displacement, cervicalgia, cervical spine degenerative disc disease, facet disease, chronic depression, chronic insomnia, and chronic anxiety. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of decreased efficacy of Norco for pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #180 is not medically necessary.