

Case Number:	CM14-0012044		
Date Assigned:	02/21/2014	Date of Injury:	06/06/2000
Decision Date:	07/21/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/30/2014

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 Tennessee. 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:

Patient is a 66-year-old who has submitted a claim for chronic neck pain, s/p cervical fusion, knee arthroplasty and bilateral carpal tunnel release associated with an industrial injury date of June 6, 2000. Medical records from 2013 were reviewed which revealed consistent neck pain graded 8-9/10. Physical examination of the cervical spine showed mid posterior cervical tenderness. Range of motion was 45 degrees rotation, 90 degrees flexion and 10 degrees extension. Cervical MRI done on 1996 showed C4-6 disc protrusion and multilevel degenerative changes. Treatment to date has included, physical therapy, bilateral carpal tunnel release, cervical fusion and knee arthroplasty. Medications taken include, Norco and Relafen. Utilization review from January 22, 2014 denied the request for Norco 5/325mg because there was no clear documented evidence that patient has functional improvement resulting from its use. Tapering was recommended on May 2, 2013. If tapering schedule was followed Norco would completely discontinued at this point and therefore it was not certified.

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 3 REFILLS: Overturned

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 Opioids
Page(s): 78.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Norco since 2008. Recent progress report, dated November 22, 2013 mentioned that patient's neck pain worsened without Norco. He rated his pain as 9/10. In addition, medical records did not mention any aberrant behavior related from previous intake of Norco. Medical necessity of Norco has been established. The request for Norco 5/325 mg, sixty count with three refills, is medically necessary and appropriate.