MAXIMUS Federal Services

Case Number:	CM14-0014377		
Date Assigned:	02/28/2014	Date of Injury:	08/07/2011
Decision Date:	08/04/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/05/2014

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 Occupational Medicine 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:

The patient is a 30-year-old female who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of August 7, 2011. Medical records from 2013 were reviewed. The patient complained of low back pain and neck pain radiating to the right upper extremity. Physical examination showed tenderness, trigger points, taut bands, and restricted range of motion of both the cervical and lumbar spine. Motor strength was normal. Hyporeflexia was noted at the right Achilles tendon. Motor strength was decreased at the right lower extremity. Sensation was diminished at L5 to S1 dermatomes. Treatment to date has included lumbar epidural steroid injections, trigger point injections to the neck, chiropractic care, physical therapy, and medications such as Anaprox, Norco, Prilosec, Fexmid, Topamax, Prilosec, and topical drugs. A utilization review from January 27, 2014 modified the request for Norco 10/325 mg into Norco 10 x 1 month because there was no documentation of functional benefits with ongoing use.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. In this case, the earliest progress report stating opioid prescription was dated August 2013. Patient reported pain relief and functional improvement with its use. Urine drug screens were likewise consistent with the prescribed medications. However, adverse effects noted from opioid intake were dizziness and lightheadedness resulting to an episode of fall, and subsequently left wrist fracture. There has been no management response concerning these adverse reactions. The medical necessity was not established due to insufficient information. Moreover, the request failed to specify quantity to be dispensed. The request is incomplete. Therefore, the request is not medically necessary and appropriate.