

Case Number:	CM14-0114807		
Date Assigned:	08/04/2014	Date of Injury:	01/09/2014
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 52 year old female who reported a date of injury of 11/09/2011. The mechanism of injury was reported as a crush injury. The injured worker had diagnoses of cervical radiculopathy, neck sprain and muscle spasms of the thoracic back. Prior treatments included physical therapy, a shoulder injection, acupuncture and chiropractic therapy. The injured worker had a MRI of the cervical spine on 06/26/2014. Surgeries were not included within the medical records received. The injured worker had complaints of neck and upper back pain with stiffness in the neck and lumbar spine. The clinical note dated 07/08/2014 included findings the injured worker had spinous process tenderness of the lumbar spine, restricted movements of the neck with 30 degrees left lateral rotation and 25 degrees of right lateral rotation, limited motion in the cervical spine and limited movement of the shoulders. Medications included Ibuprofen, Norco and Robaxin. The treatment plan included the recommendation of physical therapy with cold laser treatment, Ibuprofen, Norco and Robaxin. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for Norco 10/325mg, # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-79..

Decision rationale: The request for Norco 10/325mg, #60 is not medically necessary. The injured worker had complaints of neck and upper back pain with stiffness in the neck and lumbar spine. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Furthermore, there is a lack of documentation the injured worker had failed non-opioid medications. There is a lack of documentation indicating when the injured worker last underwent a urine drug screen. Additionally, the request as submitted did not specify a frequency of use. As such, the request is not medically necessary.