

Case Number:	CM14-0126748		
Date Assigned:	09/05/2014	Date of Injury:	04/15/2013
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/11/2014

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 56-year-old female with a 4/15/13 date of injury. At the time (8/7 /14) of request for authorization for retrospective request for Norco 10/325mg, qty 60, DOS 07/18/14, there is documentation of subjective (severe and debilitating left shoulder and low back pain with radicular symptoms in the L5 and S1 distribution) and objective (cervical spine tenderness to palpation, trigger points and spasms, and decreased range of motion; left shoulder decreased range of motion; lumbar spine tenderness to palpation, trigger points, and decreased range of motion) findings, current diagnoses (lumbar myoligamentous injury with left lower extremity radicular symptoms, cervical spine sprain/strain, bilateral shoulder sprain/strain, and medication induced gastritis), and treatment to date (activity modification, epidural steroid injection, chiropractic, physical therapy, and medications (including ongoing use to Norco since at least 10/13)). 4/15/14 medical report identifies an opioid assessment. 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 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:

Retrospective request for Norco 10/325mg, qty 60, DOS 07/18/14: 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. 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 lumbar myoligamentous injury with left lower extremity radicular symptoms, cervical spine sprain/strain, bilateral shoulder sprain/strain, and medication induced gastritis. In addition, given documentation of an opioid assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed; and that 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. However, given medical records reflecting ongoing use of Norco since at least 10/13, 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 as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.