

Case Number:	CM14-0128596		
Date Assigned:	08/15/2014	Date of Injury:	06/24/1999
Decision Date:	09/16/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 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 injured worker is a 65 year old male who was injured on 06/24/99. His most recent medical record submitted for review is dated 07/28/14. His pain is rated 4/10. He continues to use Norco 1-2 days depending on his activity, as well as Soma and Ambien on an as needed basis only. His activity levels remain good but he has complaints of drowsiness, muscle weakness, and excessive fatigue. Physical examination noted he has neck, right shoulder, right knee, and low back decreased range of motion with sensory deficits in the right C6-7 and the L4-5 dermatomes. There was tenderness in the back of his shoulders. He was diagnosed with shoulder joint pain, lower leg pain, cervical degenerative joint disease, cervical post-laminectomy syndrome, bulging lumbar disc, and cervicalgia. The injured worker has been on Norco since 2013 for his shoulder issues. There is no documentation of visual analog scale (VAS) with and without medication. There is no documentation of functional improvement. A prior utilization review on 08/07/14 was modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of this medication. Therefore medical necessity has not been established. The request is not medically necessary and appropriate.