

Case Number:	CM14-0138667		
Date Assigned:	09/05/2014	Date of Injury:	06/14/2005
Decision Date:	10/27/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/27/2014

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 Connecticut. 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:

After careful review of the medical records, this is a 55 year old female with complaints of neck pain, shoulder pain, and low back pain. The date of injury is 6/14/05 and the mechanism of injury is lifting/pulling injury attempting to move a heavy refrigerator. At the time of request for Norco 10/325 #60, there is subjective (neck pain, shoulder pain bilateral, and low back pain) and objective (tenderness to palpation paraspinal musculature lumbar and cervical, restricted range of motion cervical and lumbar spine, positive sciatic and femoral tensions signs bilaterally) findings, imaging findings (10/8/13 MRI lumbar spine shows annular tear and disc protrusion L4-5 with facet arthropathy L3-4,L4-5, 12/20/13 MRI cervical spine shows chronic compression deformity C5 and C6, degenerative disc disease C2/3 thru C7, disc displacement multi-level cervical spine), diagnoses (cervical radiculopathy, cervical disc protrusion, chronic fatigue syndrome, fibromyalgia, chronic pain syndrome, lumbar radiculopathy, lumbar disc protrusion) and treatment to date (medications, physiotherapy, aquatic therapy, chiropractic manipulation, psychotherapy, epidural steroids). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

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 Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 #60 is not medically necessary.