

Case Number:	CM14-0151407		
Date Assigned:	10/23/2014	Date of Injury:	10/11/2006
Decision Date:	12/02/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/17/2014

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 Interventional Spine 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 55 year-old female with the date of injury of 10/11/2006. The patient presents with pain in her neck, shoulders, lower back and hips. The patient rates her pain as 7-9/10 on the pain scale, depending on the intake of medications or her activities. The patient describes her pain as aching, annoying, burning, constant, excruciating and heavy. The patient presents tenderness over L3-S1 bilaterally and greater trochanteric bursa. Examination reveals positive straight leg raise. The patient is currently taking Glipizide and Ibuprofen. The patient has not worked over 3 years due to pain. According to [REDACTED] report on 07/25/2014, diagnostic impressions are cervical spine radiculopathy, lumbar spine radiculopathy and R/O lumbar spine disc injury. The utilization review determination being challenged is dated on 08/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/03/2014 to 10/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 30 with unknown refills: 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): 88-89 ,76-78.

Decision rationale: The patient presents with pain and weakness in her neck, lower back and extremities. The patient is s/p right shoulder surgery. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no reports that specifically discuss this request. The utilization review letter on 08/19/2014 indicates that the patient had utilized Norco. There is no indication of exactly when the patient began taking Norco or how Norco has been helping in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.