

Case Number:	CM14-0154427		
Date Assigned:	09/24/2014	Date of Injury:	03/21/2003
Decision Date:	10/24/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/22/2014

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 and is licensed to practice in Illinois. 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 50-year-old female who reported injury on 03/21/2003. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of brachial neuritis or radiculitis not otherwise specified. Past medical treatment consisted of surgery, ESIs, physical therapy and medication therapy. Medications include Lyrica, ibuprofen, Nucynta, Cymbalta and Norco. On 02/24/2014, the injured worker underwent a urinalysis showing that the injured worker was in compliance with medications. On 09/08/2014, the injured worker complained of neck pain and back pain. On physical examination, it was noted that the injured worker had a pain rate of 6/10 with medications and 9/10 without. Physical examination of the cervical spine revealed spasms. Spinal vertebra tenderness was noted in the cervical spine at C3-7. Myofascial trigger points were noted in the trapezius muscles bilaterally and rhomboids. Range of motion was limited with flexion at 25 degrees, extension 10 degrees, rotation to the left 60 degrees and rotation to the right 60 degrees. Sensory examination showed decreased sensation in the right upper extremity, with affected dermatomes C4-6. Examination of the lumbar spine revealed that there were spasms noted in the right paraspinal musculature. Tenderness was noted upon palpation in the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was severely limited secondary to pain. Sensory exam showed decreased sensitivity to touch along the L4-S1 dermatome in the right lower extremity with no change since the patient's last visit. Lower extremity flexor and extensor strength was unchanged. Straight leg raise with the injured worker in a seated position was positive on the right for radicular pain at 30 degrees. Medical treatment plan is for the injured worker to continue use of medication therapy. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management; When to Discontinuu.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg with a quantity of 120 is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It is very recommended that dosing of opioids does not exceed 120 mg oral morphine equivalence per day, and for patients taking more than 1 opioid, morphine equivalent doses of the different opioids must be added together to determine cumulative dose. Assessment of the levels of pain should also be submitted for review. It should indicate pain levels before, during, and after medication administration. The submitted documentation did not indicate whether the medication was helping with any functional deficits the injured worker had. Additionally, the efficacy of the medication was not submitted for review. A drug screen urinalysis was submitted on 02/24/2014 showing that the injured worker was in compliance with medications. However, there was no assessment submitted for review indicating where pain levels were before, during and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.