

Case Number:	CM14-0161354		
Date Assigned:	10/06/2014	Date of Injury:	06/10/2010
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

This injured worker is a 45-year old female with a reported date of injury on 06/10/2010, the mechanism of injury was cumulative trauma. Her diagnoses included cervical facet syndrome, cervical radiculopathy, mood disorder and thoracic pain. Her past treatments included psychotherapy, epidural steroid injections, physical therapy, and medications. A urine drug screen was performed on 8/21/2013 which showed the injured worker was negative for Norco and Neurontin, which was inconsistent with the injured worker's medication regimen. The clinical note dated 08/11/2014 noted the injured worker reported neck pain radiating from the neck down the left arm. She stated her pain level had increased since the prior visit. She stated after 2 weeks of no therapy her pain had returned. The injured worker reported medications decreased her pain from 8/10 to 2/10. Upon examination the injured worker had restricted range of motion which was equal bilaterally, and she appeared to be depressed and in mild pain. Her medications included Naprosyn 500mg twice daily as needed, Norco 10/325mg three times daily, Neurontin 400mg twice daily, and Nortriptyline HCL 10mg daily. The treatment plan was to continue medications and the rationale was for the combination of medications was to reduce her pain. The request was for Norco 10/325mg QTY: 90. The request for authorization form was dated 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg QTY: 90 are not medically necessary. The injured worker continued to complain of ongoing pain four years after injury. The injured worker reported medications decreased her pain from 8/10 to 2/10. The California MTUS guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such the request is not medically necessary.