

Case Number:	CM14-0182372		
Date Assigned:	11/07/2014	Date of Injury:	05/14/2003
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 is a 53-year-old female with a 5/14/03 date of injury. According to a 9/24/14 progress report, the patient complained of neck pain with occasional numbness and tingling in the upper extremities. She has been using Norco 10/325, 5 pills a day, Butrans patches, Elavil, and Lyrica. Her medication regimen decreased her pain levels from a 10/10 to a 7/10. Objective findings: limited range of motion of cervical spine, decreased sensation to light touch in left thumb and fifth digit, tenderness to palpation of cervical spine and upper trapezius region, limited range of motion of right and left shoulder, positive impingement signs bilaterally. Diagnostic impression: cervical spondylosis without myelopathy. Treatment to date: medication management, activity modification, surgery, physical therapy, H-wave stimulator. A UR decision dated 10/13/14 modified the request for Norco from 150 tablets to 120 tablets for the purpose to taper the opioid dosage to or below 120 MED by decreasing dosage by 10% every 2-4 weeks. The current MED is 170. The clinical documentation does not show ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2003 date of injury, over a year ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #150 was not medically necessary.