

Case Number:	CM14-0183766		
Date Assigned:	11/07/2014	Date of Injury:	09/19/2013
Decision Date:	12/30/2014	UR Denial Date:	10/24/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 54-year-old male with a 9/19/13 date of injury. The most recent medical record provided for review was dated 4/29/14. The UR decision referred to a progress report dated 10/6/14; however, this was not provided for review. The patient had neck, left arm, back, and left leg pain. On exam, he had reduced left C6 strength and reduced sensation in the lateral left leg. The provider suggested epidurals, EMG/NCV, Flexeril, Protonix, Nalfon, Norco, and physical therapy. Diagnostic impression: cervical spine spondylosis, lumbar spine spondylosis without neurological deficit. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/24/14 denied the request for Norco. There are no urine drug screens documented to verify compliance with an opiate contract. The patient was begun on tramadol in January of 2014, by another physician. No subsequent mention of this drug, follow-up with the provider, or compliance with this treatment plan was mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Page(s): 91.

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, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 5/325 mg #60 was not medically necessary.