MAXIMUS Federal Services

Case Number:	CM14-0020003		
Date Assigned:	04/28/2014	Date of Injury:	03/06/2013
Decision Date:	07/08/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/18/2014

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 and Rehabilitation, 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 36 year-old female sustained an injury on 3/6/13. Request under consideration include retrospective prescription of Norco 10/325mg DOS: 12/14/2013. Report of 12/14/13 from the provider noted patient with complaints of chronic neck and low back pain with headaches and anxiety. Exam showed cervical paravertebral pain, restricted range of motion limited by pain; lumbar paravertebral pain with painful restricted range with positive straight leg raising bilaterally. Diagnoses included cervical and lumbar strain/sprain/radiculopathy and disc protrusions. Treatment included multiple medications, acupuncture, home exercise, relaxation techniques, and application of heat. The patient remained temporarily totally disabled. The request for Norco was non-certified on 1/21/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF NORCO 10/325MG DOS: 12/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPOIDS Page(s): 74-96.

Decision rationale: This 36 year-old female sustained an injury on 3/6/13. Request under consideration includes retrospective prescription of Norco 10/325mg DOS: 12/14/2013. Report of 12/14/13 from the provider noted patient with complaints of chronic neck and low back pain with headaches and anxiety. Exam showed cervical paravertebral pain, restricted range of motion limited by pain; lumbar paravertebral pain with painful restricted range with positive straight leg raising bilaterally. Diagnoses included cervical and lumbar strain / sprain / radiculopathy and disc protrusions. Treatment included multiple medications, acupuncture, home exercise, relaxation techniques, and application of heat. The patient remained temporarily totally disabled. Review indicates the patient has been prescribed opioids since July of 2013 without demonstrated benefit. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change pain relief, functional goals with demonstrated improvement in daily activities, and decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The retrospective prescription of Norco 10/325mg DOS: 12/14/2013 is not medically necessary and appropriate.