

Case Number:	CM14-0020718		
Date Assigned:	04/30/2014	Date of Injury:	02/08/2001
Decision Date:	07/29/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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:

The patient is a 49-year-old female who has submitted a claim for cervical herniated disc, chronic low back pain status post 2-level lumbar global fusion in 2008, chronic neck pain, bilateral carpal tunnel syndrome, and shoulder pain associated with an industrial injury date of February 8, 2001. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent neck, low back and right shoulder pain. Physical examination revealed tenderness over the cervical and lumbar paraspinal muscles. Gait was normal. Treatment to date has included lumbar global fusion in 2008, cervical fusion at C3-C6 in 2005, and medications, including Valium 10mg, Norco 10/325mg, Klonopin 1mg, Soma 350mg, and Imitrex 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-91.

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

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on chronic opioid treatment but the date of initiation is not known. The patient's current opioid medication is Norco 10/325mg, eight tablets a day. There have been documented episodes of aberrant behavior and several progress reports have stated that the patient has had florid psychotic episodes. Guidelines recommend immediate discontinuation of opioids when there is aggressive or threatening behavior in the clinic, as was mentioned in a progress report dated 6/11/13. The patient also has had frequent episodes of having her medications stolen. She also has a history of noncompliance with medication as evidenced by a negative urine toxicology screen. Medical necessity has not been established for continued use of this medication.