

Case Number:	CM14-0024649		
Date Assigned:	06/13/2014	Date of Injury:	09/04/2013
Decision Date:	07/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 44 year old male with an injury date of 09/04/13. Based on the 01/09/14 progress report provided by [REDACTED], the patient complains of frequent moderate dull, achy neck pain radiating to bilateral upper trapezius muscles with weakness. He also has pain radiating to bilateral lower extremities with numbness, tingling, and cramping. There is complaint of loss of sleep due to pain. Both the cervical and lumbar ranges of motion are decreased and painful. There is +3 tenderness to palpation of the cervical and lumbar paravertebral muscles. There is also muscle spasm of cervical and lumbar paravertebral muscles. The patient's diagnoses include the following: Cervical sprain/strain, myospasm; Lumbar sprain/strain, myospasm; Sleep loss secondary to pain; Psych component. [REDACTED] is requesting for Norco 10/325 mg. The utilization review determination being challenged is dated 02/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 09/04/13- 01/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Medications for chronic pain pages 60-61, and the section on Opioids pages 88-89.

Decision rationale: For chronic opiate use, the MTUS Chronic Pain Guidelines pages 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) is required. The MTUS Chronic Pain Guidelines also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.