MAXIMUS Federal Services

Case Number:	CM14-0025699		
Date Assigned:	06/13/2014	Date of Injury:	03/26/2004
Decision Date:	10/29/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/28/2014

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 Occupational Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 injured worker is a 63 year old female who slipped and fell on 3/26/2004 resulting in injuries o the left elbow, left arm, head and lower back. Since at least June 2013 she has had severe neck pain radiating to the upper extremities, bilateral shoulder pain, and low back pain. She had an anterior cervical discectomy and fusion of C5-C6 and C6-C7 on 7-3-2013. She has been maintained on Norco 10/325 mg 2 tablets three times a day for pain for at least the last several months. The physical exam reveals diminished cervical range of motion and tenderness of the cervicotrapezius ridge and cervical facet joints. There is diminished sensation corresponding to the C5-C7 dermatomes of the left upper extremity. The lumbar spine reveals diminished range of motion with tenderness to palpation of the paraspinal musculature and decreased sensation of the left lower extremity L4-S1 dermatomes. The left sided straight raise leg test is positive. The shoulders are bilaterally tender and have diminished range of motion. A repeat lumbar epidural spinal injection is being considered.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QUANTITY 180: Upheld

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

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

Decision rationale: The use of chronic opioid medication requires ongoing monitoring of patient pain relief, functionality, adverse medication reactions, and any aberrant drug taking behavior. Accepted measures of analgesia include visual analog scores which assign numerical pain scales from 1-10. Common questions include how long analgesia lasts with a particular medication, how long it takes for pain relief to occur, average pain levels, best pain and worst pain levels, etc.Generally, opioid medication may be continued if there is improvement in pain and functionality or when the injured worker has returned to work. Opioids should be discontinued if there are no improvements in pain or functionality. In this instance, the records submitted minimally address these issures. It seems that the injured worker has been maintained on current, high dose levels of opioids chronically and that there has been little to document improvement in pain or functionality. Therefore, under the above guidelines, Norco 10/325 mg, quantity 180 is not medically necessary.