

Case Number:	CM14-0029490		
Date Assigned:	04/09/2014	Date of Injury:	04/10/2011
Decision Date:	08/07/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 57-year-old male who has submitted a claim for residuals of a lumbosacral strain/sprain, degenerative disc disease L4-L5 and L5-S1 with lumbar spondylosis and probable facet osteoarthritis, cervical sprain/strain residuals, s/p right shoulder arthroscopy, right shoulder girdle strain/sprain involving the rhomboids and levator scapula and the overlying trapezius, associated with an industrial injury date of April 12, 2011. Medical records from 2013 were reviewed. The progress report, dated 10/14/2013, showed neck and low back complaints. A progress report, dated 11/01/2013, showed objective findings of a very minimal antalgic gait favoring the left lower extremity and associated with the use of a cane. There was tenderness of the cervical paraspinal muscles. There was tenderness in the medial superior border of the scapula, with deeper involvement of the rhomboids and the levator scapula into the neck. There was tenderness in the lumbosacral region. There was restriction of ranges of motion for both cervical and lumbar spine. There was full and symmetric range of motion of the joints of bilateral upper extremity and bilateral lower extremity. Straight leg raising test aggravated the patient's lower back on the left. Treatment to date has included right shoulder arthroscopy, epidural injections and medications such as Hydrocodone as early as September 2013. The patient was noted to have a significant lumbar stenosis and cervical stenosis. Lumbosacral fusion surgery from L4 to S1 and cervical fusion from C5 to C7 were indicated. Utilization review from 01/02/2014 denied the request for the purchase of Norco because it was recommended to be tapered to cessation on 10/16/2013. There was no documentation that non-opioid pain medications have been attempted and failed since tapering opioids. There was no documentation in the clinical record to justify the medical necessity for restarting Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

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

Decision rationale: Pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Guidelines also state that the lowest possible dose should be prescribed to improve pain and function, continuing review of overall situation with regard to non-opioid means of pain control. In this case, the patient has been using Norco as early as September 2013. However, Norco was recommended to be tapered to cessation on 10/16/2013. The medical evaluation revealed no documentation of pain relief or improvement of functional activities from its previous use. Furthermore, a progress report, dated 10/14/2013 revealed Norco caused jitteriness. It was unclear why Norco would be restarted. Moreover, the dosage, frequency, and quantity to be dispensed were not indicated. The medical necessity was not established. Therefore, the request for Norco is not medically necessary.