

Case Number:	CM14-0030623		
Date Assigned:	06/20/2014	Date of Injury:	05/09/2002
Decision Date:	08/04/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/11/2014

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 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:

According to the records made available for review, this is a 52-year-old male with a 5/9/02 date of injury. At the time (1/3/14) of the request for authorization for Norco 10/325mg #60, there is documentation of subjective back pain, shoulder pain, neck pain, and pain in the wrist. The objective findings include decreased cervical spine range of motion, palpable cervical paraspinal muscle spasm with myofascial trigger points with twitch response and referral of pain, pain with range of motion of the right shoulder, some pain with range of motion of the right wrist, decreased lumbar spine range of motion, muscle spasm with myofascial trigger points in the right lumbosacral region with twitch response and referral of pain, and decreased sensation in the right L4 and L5 distribution. The patient's current diagnoses includes failed back surgery syndrome/postlaminectomy syndrome, lumbar radiculopathy, sacroiliitis, myofascial trigger points, cervicothoracic and lumbosacral myospasm and myofascial trigger points, cervicalgia, status post open reduction with internal fixation distal right radius, degenerative disc disease, right shoulder pain/internal derangement, status post right carpal tunnel release, and chronic pain secondary to injury. The treatment to date details medication including Norco for at least 3 months. In addition, there is documentation that the patient was counseled about the benefits and potential side effects, medication must be taken as directed, and refills from the treating physician's office only. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 82-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of failed back surgery syndrome/postlaminectomy syndrome, lumbar radiculopathy, sacroiliitis, myofascial trigger points, cervicothoracic and lumbosacral myospasm and myofascial trigger points, cervicgia, status post open reduction with internal fixation distal right radius, degenerative disc disease, right shoulder pain/internal derangement, status post right carpal tunnel release, and chronic pain secondary to injury. In addition, there is documentation of treatment with Norco for at least 3 months. Furthermore, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.