

Case Number:	CM14-0033068		
Date Assigned:	05/07/2014	Date of Injury:	08/15/2011
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
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 Physical Medicine, has a subspecialty in Interventional Spine 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 34-year-old male with a date of injury of 08/15/2011. The listed diagnoses per [REDACTED] are: Cervical Sprain, Trapezius sprain, Cervical radiculopathy, Lumber strain, Lumber disk protrusion, Depression and Insomnia. According to the 03/13/2013 progress report by [REDACTED], the patient presents pain in her neck. He states the pain is constantly around a 6 and 7 on a scale of pain 1 through 10. The patient states that medication helps pain go down to about a 3 or 4. However, it varies depending on activities and the weather. The patient is participating in physical therapy and is taking Norco 10/325 mg as needed for severe pain. The provider is requesting a refill of Norco 10/325 mg #30. Utilization review denied the request on 02/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60-61; 88-89; 80-81;.

Decision rationale: This patient presents with chronic neck and low back pain. The provider is requesting a refill of Norco 10/325 mg #30. Medical records indicate the provider requested a

refill of Norco on 12/06/2013. However, prior progress reports do not have any indication of this medication. There is 1 subsequent progress report from [REDACTED] which is from 02/13/2014. This report also requested a refill of Norco. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, the two progress reports by [REDACTED] suggest a refill of Norco but does not provide discussion on functional improvement or outcome measures. Furthermore, the medical file does not provide a Urine Drug Screen as required for continued opiate usage by MTUS. Given the lack of sufficient documentation for chronic opioid use, the Narco 10/325 #30 is not medically necessary.