

Case Number:	CM14-0033137		
Date Assigned:	06/20/2014	Date of Injury:	02/15/2005
Decision Date:	07/21/2014	UR Denial Date:	03/05/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50 year old male who sustained an injury on 02/15/05 when he slipped and fell striking the right side of his forehead on concrete as well as the left elbow and trauma to the teeth. The injured worker reported the development of daily headaches and migraines. The injured worker is noted to have had a prior surgical intervention for the cervical spine followed by postoperative physical therapy. It appears that the injured worker did receive prior chiropractic treatments and radiofrequency ablation procedures to the right from L3-L5 as well as sacroiliac joint injections. No substantial benefit was obtained with these procedures. The injured worker did have a cervical fusion completed at C4-5 in November of 2008. The injured worker is noted to have had a prior intrathecal pump placed for pain management which allowed the injured worker to discontinue Fentanyl patches. There was noted severe headaches following the intrathecal drug pump placement. The injured worker also received supportive individual psychotherapy through 2013. The injured worker was being followed by a treating physician for pain management. This included the use of Soma 350mg, Vicodin 5/500mg, Phenergan 50mg, Duragesic 100mcg per hour patches, and Norco 10/325mg and intrathecal Morphine. The injured worker was noted to have had prior inconsistent urine drug screen results for non-prescribed Morphine, Benzodiazepines and Tetrahydrocannabinol. On 01/09/14, the injured worker was received an intrathecal pain pump refill. The injured worker's pain score was 7/10 on the visual analog scale. Multiple narcotic medications were listed to include Norco, Vicodin, and Duragesic. The daily delivery rate of intrathecal Morphine was not specified. Vicodin was refilled at this visit. Further toxicology results continually showed positive findings for marijuana. Follow up with a treating physician on 02/12/14 and 03/14/14 was for intrathecal pain pump refills where pain scores remained unchanged and Norco was continued. Pain scores

remained unchanged. The requested Norco 5/325mg, quantity 120 was denied by utilization review on 02/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker is being managed by a treating physician for ongoing chronic neck pain following cervical fusion, had an intrathecal pain pump placed and is routinely being seen for pain pump refills with intrathecal Morphine. The current daily infusion rate of intrathecal Morphine was not discussed and there is no clear indication of any substantial functional benefit or pain reduction with the use of Norco that would support its ongoing use. Given that the injured worker is receiving intrathecal Morphine, it is unclear why the injured worker has not been weaned off all other oral and transdermal narcotics. The records reviewed also did not address multiple positive findings for marijuana on toxicology results. Given the inconsistent urine drug screen findings concerning for possible diversion or abuse of narcotic medications as well the specific functional benefit obtained with the use of oral Norco in addition to intrathecal Morphine, Norco 5/325mg is not medically necessary.