

Case Number:	CM14-0037316		
Date Assigned:	06/25/2014	Date of Injury:	02/07/2008
Decision Date:	07/24/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/27/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 2/7/08 after a backboard fell and hit her head and left side of her body. She was later diagnosed with cervical spine pain, cervical disc degeneration and deformity, dysphagia, and depression. She was treated with conservative measures including physical therapy and oral medications (muscle relaxants and opioids) as well steroid injections and surgeries (neck). Her last cervical surgery was on 5/20/13 which included an anterior cervical discectomy and fusion at C5-C6 with hardware removal, which later, ended up not significantly improving her pain. Looking back on a progress note from 7/11/13, the worker had been taking Norco for her pain and reportedly was experiencing a pain reduction of about 50% at that time. She continued to use this medication as well as Soma, but it is unknown how she continued to use it leading up to the request and if it continued to help her pain many months later, as the documentation in the progress notes did not include an assessment of her medications and their use and benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg with 3 refills, QTY: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not a continued assessment documented of her medication use, including her Norco use, and its benefit on her pain and function, which is required for a recommendation to continue its use. Without this documentation, the Norco is not medically necessary.