MAXIMUS Federal Services

Case Number:	CM14-0040557		
Date Assigned:	06/20/2014	Date of Injury:	10/05/2010
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/10/2014

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, and is licensed to practice in Illinois. 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 54-year-old male with a reported date of injury on 10/05/2010. The injury reportedly occurred when a tile fell on his head. His previous treatments were noted to include acupuncture, medications, and home exercise program. His diagnoses were noted to include cervical discopathy without significant intrinsic pathology to the bilateral shoulders, bilateral carpal tunnel syndrome and right cubital tunnel syndrome, lumbar discopathy, right inguinal hernia, post-traumatic head injury, abdominal complaints, psychiatric complaints, and sleep disturbance. The progress report dated 03/20/2014 reported the injured worker complained of neck pain that radiated down his bilateral upper extremities and was aggravated by activity, flexion/extension, prolonged sitting, pulling, repetitive head motions, and rotation and standing. The injured worker also complained of low back pain that radiated down his bilateral lower extremities and was aggravated by activity and walking as well as ongoing occipital headaches. The injured worker rated his pain as 2/10 to 3/10 in intensity with medications and 6/10 to 7/10 in intensity without medications. The injured worker reported activities of daily living limitations in regards to activity, ambulation, hand function, sleep and sex. It was reported a spasm and spinal vertebral tenderness to the C4-7 and the range of motion of the cervical spine was moderately limited due to pain. The motor examination showed decreased strength. The progress note dated 01/30/2014 dispensed medication as Tylenol 3 with Codeine twice a day, Fiorinal 2 tablets by mouth twice a day for headaches, Xanax XR 1 mg for anxiety, omeprazole 20 mg twice daily as needed. A urine drug screen was performed on 0/30/2014 and resulted inconsistency with prescription therapy as Codeine, morphine, and ranitidine were detected and reported as not prescribed. The request is for 1 prescription of Norco 10/325 mg #120 for chronic cervical pain and occipital neuralgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Mangement Page(s): 78.

Decision rationale: The request for 1 prescription of Norco 10/325 mg #120 is not medically necessary. The injured worker has been taking Tylenol 3 as prescribed by another physician. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker reported his pain was 2/10 to 3/10 in intensity with medications and 6/10 to 7/10 in intensity without medications. There is a lack of documentation of improved functional status as in regards to activities of daily living with the use of this medication. There is a lack of documentation regarding side effects and a urine drug screen performed 01/30/2014 was inconsistent with the prescription of Norco. Therefore, despite evidence of significant pain relief, due to the lack of documentation of increase function, side effects, and an inconsistent urine drug screen, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the requested service is not medically necessary.