

Case Number:	CM14-0044660		
Date Assigned:	07/02/2014	Date of Injury:	05/12/2009
Decision Date:	08/25/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 Anesthesiologist and Pain Medicine, and is licensed to practice in Florida. 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 52-year-old female with a reported date of injury on 05/12/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include status post anterior cervical decompression and fusion at C5-6 and C6-7 with iliac crest bone graft, thoracic spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus and stenosis, L5-S1 herniated nucleus pulposus with disc height collapse, anterior and posterior disc herniation and foraminal stenosis with lower extremity radiculopathy. Her previous treatments were noted to include physical therapy, medications, surgery, and epidural steroid injections. The progress report dated 03/04/2014 revealed the injured worker complained of constant neck pain rated 6/10. The injured worker also reported constant low back pain rated 7/10 with associated burning sensation. Her medication regimen included Norco and Neurontin. The physical examination of the cervical spine revealed mild paraspinal spasms and tenderness. There was also parascapular tenderness on the right side. The examination of the lumbar spine revealed paraspinal spasms and tenderness. There was also tenderness noted over the trochanteric bursa. The motor examination was grossly intact. The Request for Authorization form dated 03/04/2014 was for Norco 10/325 mg, one every 4 to 6 hours as needed for pain #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #30 tablets: Upheld

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

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

Decision rationale: The request for Norco 10/325 mg #30 tablets is non-certified. The injured worker has been utilizing this medication since at least 08/2013. 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 that the 4 As for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There was a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status, and side effects. The documentation provided indicated the most recent urine drug screen was performed 03/04/2014 and was consistent with therapy. Therefore, due to the lack of documentation regarding significant pain relief, increased function, and absence of adverse effects, 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 request is non-certified.