

Case Number:	CM14-0046693		
Date Assigned:	07/02/2014	Date of Injury:	03/26/2004
Decision Date:	08/27/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/15/2014

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 Texas and Ohio. 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 63-year-old female who reported an injury on 03/26/2004; the mechanism of injury was not provided within the medical records. The clinical note dated 01/09/2014 indicated diagnoses of cervical discogenic disease, cervical radiculopathy, cervical facet arthrosis, bilateral shoulder impingement syndrome with tendinosis, lumbar discogenic disease and chronic low back pain. The injured worker reported low back and neck pain. She reported that her back brace helped significantly. The injured worker reported that a TENS unit helped. On physical examination of the bilateral shoulders, there was positive impingement bilaterally. The injured worker's range of motion was painful bilaterally and decreased. There was tenderness to palpation over the acromioclavicular joint. The injured worker's exam of the cervical spine revealed spasms with positive facet tenderness. The injured worker's range of motion for the cervical spine was painful and decreased and motor weakness was 4/5 on the left. There was tenderness to palpation over the cervical trapezial ridge and positive trigger points bilaterally. The examination of the lumbar spine revealed spasms and a positive Lasgue's on the left. The injured worker's straight leg raise was positive at 60 degrees from the left. Range of motion was limited and painful. The injured worker's treatment plan included an MRI of the lumbar spine, trigger point injections, continued medications and to follow-up in 6 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Norco, Anaprox, Prilosec, Zofran and Laxacin. The provider submitted a request for Norco. The Request for Authorization was not submitted for review, to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 10/325 mg #180 is not medically necessary. The California MTUS Guidelines state that Norco/ Hydrocodone/Acetaminophen are a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated as to how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency. Furthermore, there was a lack of a pain contract. Therefore, the request for Norco is not medically necessary.