

Case Number:	CM14-0052088		
Date Assigned:	07/07/2014	Date of Injury:	07/11/2007
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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:

This is a 49-year-old female who sustained a work related injury on 7/11/2007 as a result of an unspecified mechanism of injury. Since her injury, she has complained of left shoulder tendonitis and low back pain. She has undergone shoulder surgery in May of 2008. Her back pain has steadily increased since mid-2011. Recently, the patient has expressed having 8-9/10 pain intensity in the cervical and lumbar spine and left shoulder with her pain described as aching, throbbing, sore that affects her life greatly and has led to sleep problems. On examination, the patient has a reduction in her left shoulder, cervical and lumbar spines, with both cervical and lumbar paraspinal tenderness with lumbar paraspinal spasming bilaterally. A cervical spine MRI dated November 11, 2013 identifies moderate to severe degenerative changes at the C3-4, C4-5 to C7-T1 levels with a slight retrolisthesis of C3-4. A lumbar MRI dated November 12, 2013 there is a L5-S1 moderate disc desiccation and disc space narrowing with moderate to severe degenerative endplate changes. There is a central and right paracentral and right neural foraminal 3mm broad-based disc protrusion. Her past treatments have included medication, physical therapy and acupuncture treatments. Her medications include Ibuprofen and will use hydrocodone with acetaminophen once or twice weekly for increased / breakthrough pain. In dispute is a decision for Norco 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 75, 88, 91.

Decision rationale: Opioid Classifications: Short-acting/Long-acting opioids: Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Opioids for Chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Oxycodone with acetaminophen is listed as indicated for moderate to moderately severe pain. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The patient is utilizing opioid medication for most likely its intended purpose: treat pain periodically to maintain functionality. According to her neurological re-evaluation dated 04/07/2014 she utilizes her opioids once to twice a week. This allows her to work, sleep at night and perform her activities of daily living. Future requests for this medication may reduce the number of tablets dispensed by one-quarter (15 tablets) the number of tablets made with this request. The request is medically necessary.