

Case Number:	CM14-0055065		
Date Assigned:	07/07/2014	Date of Injury:	09/28/2006
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/24/2014

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 California. 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 47-year-old female who reported an injury on 09/28/2006. The mechanism of injury was noted to be continuous trauma. Prior treatment was medications. The injured worker's diagnoses were noted to be cervical degenerative disc disease, right upper extremity radicular pain, lumbar discogenic disease with previous MRI evidence for L5-S1 annular fissure, and possible facet arthropathy. The injured worker had a clinical eval on 01/21/2014. She had complaints of significant neck pain and right upper extremity pain with numbness and tingling. The pain mainly involved the right side of her neck, right shoulder and right arm, and at times all the way to the fingers. The physical examination of the cervical spine showed muscular tenderness with palpable muscle spasms involving the right upper back and neck region, involving the trapezius, thoracic, and cervical paraspinous muscles. Range of motion in the neck was slightly decreased in posterior extension and also in lateral tilt or rotation. In the upper extremities, there was giveway weakness of the major muscle groups. Grip strength was decreased in the right hand. In the lower back region, there was tenderness of the paraspinous muscles with decreased range of motion. In the lower extremities, there were no gross motor or sensory deficits. The treatment plan is for a physical therapy referral and discussion for injections. The provider's rationale for the request was not provided within the documentation. A request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 #72: Upheld

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

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

Decision rationale: The request for Norco 5/325 mg #72 is non-certified. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 As" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The injured worker's pain was not properly assessed within the documentation provided for review. It is not noted if Norco has been providing efficacy. Side effects were not noted. Urine drug screen was not obtained. The provider's request for Norco fails to provide a frequency. Therefore, the request for Norco 5/325 mg #72 is non-certified.