

Case Number:	CM14-0057660		
Date Assigned:	07/09/2014	Date of Injury:	07/07/2011
Decision Date:	08/25/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in 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 57-year-old male who reported an injury on 07/07/2011. The mechanism of injury was a head on collision with 2 fatalities. The documentation indicated the injured worker had utilized opiates as of 10/2013. The injured worker was undergoing urine drug screens. Other medications for the injured worker were Restoril 30 mg, Xanax 0.5 mg, Phenergan 25 mg, Imitrex 50 mg, Naprosyn 500 mg, Xanax 4 mg, OxyContin 30 mg 3 times a day, and Cymbalta 60 mg. Prior studies included an EMG/NCV. The injured worker underwent a C5-T1 anterior cervical discectomy and fusion on 02/19/2014 and a medial meniscectomy on 10/04/2013. Additional therapies included physical therapy. The documentation of 03/05/2014 revealed the injured worker continued to have pain. The diagnoses included medial meniscal tear of the left knee, left C6 and C7 radiculopathy, L3-4 disc degeneration, L3-5 facet arthropathy, C5-T1 disc degeneration, C5-T1 stenosis, status post left knee surgery 10/04/2013, and status post C5-T1 anterior cervical discectomy and fusion with cage and instrumentation partial corpectomy 02/19/2014. The treatment plan included a refill of Norco, Xanax, Xanax, and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180 for 30 Day Supply with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. Additionally, there should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since late 2013. The documentation indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement and documentation of an objective decrease in pain and if there were side effects. There was a lack of documentation indicating a necessity for a refill without re-evaluation. Given the above, the request for Norco 10/325 mg #180 for 30 day supply with 1 refill is not medically necessary and appropriate.