MAXIMUS Federal Services

Case Number:	CM14-0060837		
Date Assigned:	06/20/2014	Date of Injury:	12/12/2007
Decision Date:	07/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/17/2014

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, has a subspecialty in Pain Management, and is licensed to practice in Texas and Oklahoma. 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 who reported an injury on December 12, 2007. The mechanism of injury was a motor vehicle accident. His diagnoses include bilateral inguinal hernias, right shoulder sprain/strain, left Achilles tendonitis, and cervical degenerative disc disease. His prior treatments were shown to include medications, right shoulder injections, physical therapy, home exercise program, chiropractic care, and topical medications. He was shown to have been utilizing Norco since at least November 1, 2012. The injured worker was seen on February 13, 2014 for follow-up regarding his neck pain, low back pain, and groin pain. His medication regimen was noted to include muscle relaxants, strong pain medication, and Celexa. It was noted that he was taking Norco for his pain. His treatment plan was shown to include an interlaminar epidural steroid injection, myofascial trigger point injections, physical therapy after injections, Lyrica for neuropathic pain, and Flector patches for muscle spasm. The injured worker was shown to have had a urine drug screen on January 7, 2014 which showed evidence of hydrocodone. A rationale and request for authorization form for the request was not provided in the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for two prescriptions of Norco 10/325 mg #90 (DOS 2/13/2014):
Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the ongoing management of patients taking opioid medications should include a detailed pain assessment, details regarding function, documentation showing appropriate medication use, and documentation addressing adverse side effects. The clinical information submitted for review indicates that the injured worker has been utilizing Norco since at least November 1, 2012. He was shown to have had a consistent urine drug screen on January 7, 2014. However, the documentation failed to provide an adequate pain assessment with numeric pain values to establish appropriate pain relief, as well as increased function with use of his opioid medications. Therefore, the injured worker does not meet the criteria for ongoing use of opioid medications according to the Chronic Pain Medical Treatment Guidelines. The retrospective request for two prescriptions of Norco 10/325 mg, ninety count, provided on February 13, 2014, is not medically necessary or appropriate.