

Case Number:	CM14-0060960		
Date Assigned:	07/11/2014	Date of Injury:	09/30/1999
Decision Date:	08/12/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 female with a reported date of injury on 09/30/1999. The mechanism of injury was noted to be a motor vehicle accident. Her diagnoses were noted to include cervical sprain/strain, status post anterior cervical discectomy and fusion, lumbar sprain/strain, and status post right shoulder surgery. Her previous treatments were noted to include home exercises, medication, physical therapy, acupuncture, as well as epidural injections and cortisone injections. The progress note dated 04/24/2014 revealed the injured worker complained of low back pain that radiated down both legs, worse on the right. The injured worker indicated she could not lie on her right side at night due to the pain and complained of right shoulder pain rated 6/10. Her back pain was rated at 8/10. The medication regimen was noted as Norco and Zanaflex. An unofficial urine drug screen performed on 01/20/2014 showed consistent results for medications prescribed. The physical examination revealed tenderness to the anterior aspect of the right shoulder and deltoid. The active range of motion to the bilateral shoulders was noted to be diminished. There was tenderness noted in the midline lower lumbar spine and right buttock with possible spasm in the right paraspinal musculature. The Request for Authorization form dated 04/24/2014 was for Norco 10/325 mg #100 with 3 refills due to back and shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #100 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS ONGOING MANAGEMENT Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since at least 10/2013. According to the California Chronic Pain Medical Treatment Guidelines the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is lack of documentation regarding evidence of decreased pain on a numerical scale with the use of medications or improved functional status or side effects. The urine drug screen performed 01/10/2014 revealed consistent medication therapy. Therefore, due to the lack of evidence regarding significant pain relief, increased function and side effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.