

Case Number:	CM14-0067703		
Date Assigned:	07/11/2014	Date of Injury:	09/01/2003
Decision Date:	09/17/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/12/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 59-year-old female with reported date of injury on 09/01/2003. The mechanism of injury was a lifting injury. Diagnoses included neuralgia, neuritis, radiculitis, stenosis at the cervical spine and rotator cuff syndrome of the shoulder. Prior treatments included physical therapy and medications. Diagnostic studies included an MRI of the left shoulder which was performed on 10/18/2013 and an MRI of the cervical spine which was performed on 12/23/2013. The clinical note dated 04/07/2014 noted the injured worker reported moderate pain to the neck and shoulders which radiated to the bilateral upper extremities. The injured worker reported relief of pain with Norco, lorazepam and ibuprofen. The provider indicated the injured worker was previously unable to complete an NCV as she was in extreme pain. The injured worker's medication regimen included Norco, lorazepam and ibuprofen. The physician's treatment plan included recommendations for continuation of Norco, lorazepam and ibuprofen as well as obtaining x-rays and a consultation with another physician. The physician's rationale for the request was not indicated within the medical records. The Request for Authorization was dated 04/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, quantity: 600.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain 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 guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. Within the provided documentation, the physician did not include an adequate and complete assessment of the injured worker's pain. There is lack of documentation indicating the injured worker has had a significant objective functional improvement with the medication. There is a lack of documentation indicating when a urine drug screen was last performed in order to assess for compliance with the full medication regimen. The submitted request is for 600 tablets which appears excessive. The physician did not indicate the duration of the requested medication. Additionally, the frequency at which the medication is prescribed is not indicated in order to determine the medical necessity of the medication. As such, the request for Norco 10/325 mg, quantity: 600.00 is not medically necessary.