

Case Number:	CM14-0073765		
Date Assigned:	07/16/2014	Date of Injury:	06/25/2002
Decision Date:	08/14/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 was a 64-year-old male with a reported date of injury on 06/25/2002. The mechanism of injury was noted to be from trying to break up cement with an iron bar. His diagnoses were noted to include multilevel degenerative disc disease to the cervical spine; status post C4-5, C5-6, and C6-7 anterior discectomy and interbody fusion with instrumentation; status post multiple arthroscopic procedures to the right shoulder; status post operative arthroscopic debridement of left shoulder; and carpal tunnel syndrome. His previous treatments were noted to include surgery, medications, cervical epidural steroid injection, physical therapy, and home exercise program. The progress note dated 06/23/2014 revealed the injured worker complained of neck pain that radiated from his neck to his left arm along the C6-7 dermatomes with numbness. The injured worker rated his pain as 7/10 with medications, 10/10 without medications. The injured worker reported that the benefit of chronic pain medication maintenance regimen and activity restriction and rest continued to keep pain within a manageable level to allow the injured worker to complete necessary activities of daily living. The injured worker's medication regimen included ibuprofen 800 mg 3 times a day, Prilosec 20 mg twice a day, Cymbalta 30 mg 3 times a day, Neurontin 300 mg 2 tablets 3 times a day, and Vicodin 1 to 3 per day. The injured worker revealed he had been feeling more reflux acidity despite the Prilosec and still complained of passing a lot of gas. The physical examination revealed decreased range of motion to the cervical spine and light touch sensation was intact to the upper extremities. The injured worker reported the numbness went away completely after the epidural steroid injections and motor strength was intact to the upper extremities. The Request for Authorization was not submitted within the medical records. The request for Norco 5/325 mg Quantity 67; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #67: Upheld

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

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 Quantity 67 is not medically necessary. The injured worker was shown to be taking Vicodin 1 to 3 tablets per day. 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 that the 4 A's for ongoing monitoring, include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker indicated his pain level was 7/10 with medications and 10/10 without medications. The injured worker indicated his medication regimen, along with activity restrict and rest, continued to keep the pain within a manageable level to allow the injured worker to complete necessary activities of daily living. The injured worker indicated he had been feeling more reflux acidity despite the Prilosec prescription. There is a lack of documentation regarding whether the injured worker has had consistent urine drug screen and when the last test was performed. Therefore, despite evidence of significant pain relief, and increased function, due to the lack of documentation regarding urine drug screen testing to verify appropriate medication use in the absence of aberrant behavior, 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. As such, the request for Norco 5/325 mg is not medically necessary.