MAXIMUS Federal Services

Case Number:	CM14-0074714		
Date Assigned:	07/18/2014	Date of Injury:	05/12/2003
Decision Date:	09/16/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/22/2014

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 Neurology and is licensed to practice in California. 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 female whose records indicate she sustained an injury to her right shoulder and neck on 5/12/2003. The diagnoses of record are sprain of neck, brachial neuritis NOS, spinal stenosis NOS, sprain right shoulder NOS, rotator cuff syndrome NOS, and carpal tunnel syndrome. The primary treating physician's progress reports dated 10/16/13, 12/03/13, 1/14/14, 4/30/14, 5/22/14 and 6/25/14 are consistent to note neck, shoulder, and arm pain complaints with objective observations to support cervical spine sprain/strain and trapezius sprain/strain with right upper extremity radiculopathy, right shoulder impingement, and probably right carpal tunnel impingement. These reports indicate that Anaprox and Norco 10/325 mg have been prescribed since at least 12/3/13. A urine drug screen report dated 5/6/14 indicates a negative test for opiates and a positive result for marijuana. The treatment plan dated 5/22/14 indicates that Norco was to be suspended until the patient could either produce a legal certificate for medical cannabis-use or provide a negative drug screen for marijuana. The last progress note dated 6/25/2014, indicates the patient has been released from care, with no follow-up scheduled. A request for refill Norco 10/325 mg to be taken three times daily qty: 90 was submitted for approval on 5/2/2014 and non-certified in a utilization review dated 5/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76 - 80.

Decision rationale: As stated within the MTUS "Criteria for Use" a regimented schedule for follow-up care (monthly, quarterly, semi-annually, as dictated by care standards) is required for patients whose treatment includes opioid use. The MTUS is specific in its guidelines to establish proper use and on-going monitoring, including detailed documentation of symptom relief and functional improvement, assessment for aberrant drug-taking behavior, and risks for addiction. As this patient has been released from the care of the physician who would have attended her opioid treatment, it is medically unnecessary to approve the request for Norco refills. By the records provided, the Norco prescription has already been suspended (progress report 5/22/2014), and there is no medical necessity to provide a prescription for weaning-of-treatment since the drug screen of 5/6/14 indicates that the patient had been opioid-free (and non-compliant) for the Norco as prescribed previously. Therefore, the request is not medically necessary.