

Case Number:	CM14-0076094		
Date Assigned:	07/18/2014	Date of Injury:	08/20/2003
Decision Date:	08/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 claimant is a 42 year old female injured worker with date of injury 8/20/03 with related neck pain. Per progress report dated 6/18/14, the injured worker rated her pain with medication 5/10, 8/10 without medication. She reported no new problems or side effects. She reported that her quality of sleep was poor. Per physical exam, no deformities or abnormal posture noted on inspection. Movements of neck were restricted with flexion limited to 85 degrees limited by pain, extension limited to 12 degrees limited by pain, left lateral bending limited to 30 degrees limited by pain, right lateral bending limited to 20 degrees limited by pain, left lateral rotation limited to 25 degrees limited by pain, right lateral rotation limited to 30 degrees limited by pain and pain and stiffness with ROM. Spurling's maneuver caused radicular symptoms on the right. Tenderness was noted in the paracervical muscles and trapezius. Imaging studies were not available in the documentation submitted for review. She was refractory to physical therapy and injections. She has been treated with medication management. She continues to work as a paralegal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty 180 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The request for Norco 10/325mg #180 with 6 refills is excessive and does not allow for the sufficient amount of periodic monitoring. The request is not medically necessary.