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| Case Number: | CM14-0079099 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/22/2005 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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 and Rehabilitation 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 56-year-old male who reported an injury on 02/22/2005, due to a fall off of a ladder approximately 15 feet, and landing on his feet. On 03/24/2014 he presented with neck and right upper extremity pain, status post fusion for spinal stenosis. Current medications included Gabapentin, Norco, and different forms of medical marijuana. Upon examination, there was no apparent distress, with normal sensorium and gait. The diagnoses were chronic cervical spine and right upper extremity pain, status post extensive cervical surgery. The provider recommended Norco 7.5/325 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Criteria for use of Opioids.

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

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of documentation of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior and side effects. Additionally, the efficacy of the prior use of Norco has not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Norco 7.5/325mg #90 is not medically necessary.