

Case Number:	CM14-0083748		
Date Assigned:	07/18/2014	Date of Injury:	01/02/1999
Decision Date:	08/29/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/05/2014

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 58-year-old female who reported a pulling injury on 01/02/1999. On 10/17/2013, this injured worker's complaints included neck pain radiating to her right arm and right shoulder with associated headaches and lower back pain radiating to her bilateral legs and knees. Her medications included Lortab 7.5/500 mg, Protonix 20 mg, and compounded topical cream. On 04/17/2014, her diagnoses included thoracic or lumbosacral neuritis or radiculitis, degenerative disc disease of the lumbar spine, brachial neuritis or radiculitis, cervical disc disease, cervicgia, pain in joint of the shoulder, pain in joint of the lower leg, and myalgia and myositis. Her medications remained unchanged. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg. #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, pages 74-95 Page(s): 74-95.

Decision rationale: The request for Norco 7.5/325 mg. #120 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and 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 decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious with limited, short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring, evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency specified in the request. The documentation submitted showed that this injured worker had been taking Norco 7.5/325 mg for 10 months, which exceeds the recommendations in the Guidelines. Therefore, the request for Norco 7.5/325 mg. #120 is non-certified.