MAXIMUS Federal Services

Case Number:	CM14-0187332		
Date Assigned:	11/17/2014	Date of Injury:	11/01/1998
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational 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:

This is a 52 year old female with a 11/1/98 injury date. The mechanism of injury was cumulative trauma to the right knee, left wrist, and neck. In a 10/28/14 note, the patient complained of migraine, neck and arm pain, and diffuse body aches. Objective findings included a pleasant female in no apparent distress. The patient was working full time and felt that without pain medication she would be unable to tolerate demands at work. She has been taking Hydrocodone, Topamax, Imitrex, and Lyrica. Diagnostic impression: cervical disc disease and radiculopathy. Treatment to date includes medications. A UR decision on 11/3/14 denied the request for Norco #90; however, the rationale was missing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken

as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 1998 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as the California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. This does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Discontinuance should include a tapering prior to discontinuing for avoiding withdrawal symptoms. Therefore, the request for Norco #90 is not medically necessary.