

Case Number:	CM14-0191321		
Date Assigned:	11/25/2014	Date of Injury:	06/03/2011
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 patient is a 59 year old male with date of injury 6/03/11. The treating physician report dated 9/03/14 indicates that the patient presents with pain affecting the neck as well as numbness into his left upper extremity with trembling, low back pain and bilateral pain in the shoulders. The physical examination findings reveal positive spinous process tenderness and paravertebral muscle spasms. He also had a positive straight leg raise and decreased sensation over the left sole of the foot. Prior treatment history includes shockwave therapy, physical therapy and medications. MRI of the brain, cervical spine and lumbar spine was performed but findings were not included for review. The current diagnoses are: 1. Cervical spine herniated nucleus pulposus; 2. Lumbar spine herniated nucleus pulposus; 3. Parkinson's disease. The utilization review report dated 10/30/14 denied the request for Norco 5/325 mg #90 based on the clinical information submitted for this review failing to meet the evidence based guidelines for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Norco 5mg/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-89.

Decision rationale: The patient presents with neck pain, low back pain and bilateral shoulder pain as well as numbness into his left upper extremity with trembling. The current request is for Norco 5/325 mg #90. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The records provided for review did not include any documentation of the 4As and there is no way of telling if this medication is doing anything functionally for the patient as required by the MTUS guidelines for ongoing opioid usage. Recommendation is that the request is not medically necessary.