

Case Number:	CM14-0203671		
Date Assigned:	12/16/2014	Date of Injury:	03/21/2003
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice and is licensed to practice in Florida. 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 49-year-old female with a date of injury of 3/21/2003. She has the following diagnoses: cervical radiculopathy, lumbar disc generation, lumbar facet arthropathy, lumbar radiculopathy, right knee pain, status post right knee surgery, status post open reduction and internal fixation, annular tear, anxiety, depression, migraines, and chronic pain syndrome. A 10/20/2014 progress note's physical exam documented the following: antalgic gait, spinal vertebral tenderness at C3-C7, myofascial trigger points with twitch response at the trapezius muscles bilaterally and rhomboid muscles bilaterally, cervical range of motion limited due to pain, sensation decreased in the right upper extremity at the C4-C6 dermatome, lumbar spasm noted at the right paraspinous musculature, tenderness on palpation at L4-L5, range of motion of the lumbar spine severely limited secondary to pain, and sensation decreased to touch along the L4-S1 dermatome. Work status was noted to be "not working" on a 10/20/2014 pain medicine re-evaluation note. A utilization review physician did not certify a request to continue this patient's home medication and chronic narcotic Norco. Prior utilization review physicians have recommended this medication for weaning, as did this utilization review physician. An Independent medical review has been requested to determine the medical necessity of this chronic narcotic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #110: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. In regards to this patient's case, objective proof of improved functioning is not apparent from the provided documentation. Weaning, as has been recommended by prior utilization review physicians, appears appropriate. This request for Norco is not considered medically necessary.