

Case Number:	CM14-0207303		
Date Assigned:	12/19/2014	Date of Injury:	01/22/2012
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 34-year-old female who previously sustained a work related injury. She is being treated for right shoulder and cervical pain. Diagnoses include: Displacement of cervical intravertebral disc without myelopathy, Cervicalgia, and disorder of the bursa and tendons in the shoulder region. She underwent a anterior cervical fusion surgery on 10/17/2013. The patient was taking MS Contin and Percocet until 1/6/2014 when these medications were discontinued due to inadequate response. Instead she was prescribed Nucynta, Lyrica, and Norco. The Norco was not approved by utilization review. The reason given for denial is that "because the patient was discontinued from previous opiate therapy due to inadequate response, it does not follow that another short acting opioid should be introduced at this time. Utilization review did however approve the Nucynta and Lyrica. An Independent Medical Review has now been requested to determine the medical necessity of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

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

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. Regarding this patient's case, she had an inadequate response to her prior pain medication regiment with MS Contin and Percocet and was likewise changed to Nucynta, Lyrica, and Norco. A utilization review physician authorized the Nucynta and Lyrica, but not the Norco since utilization review stated that the patient had already failed a prior short acting opiate (Percocet.) It is reasonable to have a short acting opiate in her pain medication regiment in case this is needed for break through pain. This is a common tenant of pain management. There has been no documented evidence of aberrant behavior. She has passed all drug screens appropriately. Therefore, the request for Norco is considered medically necessary.