

Case Number:	CM14-0063301		
Date Assigned:	07/11/2014	Date of Injury:	10/15/1999
Decision Date:	04/03/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male who reported an injury on 10/15/1999. The mechanism of injury was noted to be cumulative trauma. His past treatments were noted to include lumbar fusion surgery, cervical fusion surgery, 2 arthroscopic right shoulder surgeries, spinal cord stimulator, steroid injections, trigger point injections, and medications. At his followup visit on 04/02/2014, the injured worker reported pain in his lower back with radiation down the bilateral lower extremities, rated 7/10, as well as neck pain and cervicogenic headaches with radiating pain down the bilateral upper extremities. It was noted that his medication regimen, which includes Roxicodone 30 mg twice a day and Norco 10/325 mg, enabled him to be as functional as possible, which includes performing simple chores around the house and walking to the mailbox to retrieve his mail. Physical examination revealed tenderness to palpation of the cervical spine and lumbar spine musculature, as well as decreased range of motion. It was noted that the injured worker was routinely monitored for at risk behavior with random urine drug screens and CURES review. However, details regarding this monitoring were not provided. His diagnoses include bilateral extremity radiculopathy, right shoulder impingement syndrome, cervicogenic headache, right biceps rupture, erectile dysfunction, reactionary depression and anxiety, sleep disorder, medication induced gastritis, and left shoulder sprain/strain. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 86,79- 80, 81, 78 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing management of patients taking opioid medication should include detailed documentation of pain relief, functional status, adverse side effects, and aberrant drug taking behavior. The clinical information submitted for review indicated that the injured worker utilized Norco 4 to 6 tablets per day since at least 04/12/2013. It was noted that use of this medication resulted in improved function. However, there was no quantitative evidence of significant pain relief with pain scale ratings before and after use of this medication. In addition, the documentation did not address adverse side effects or aberrant behavior. It was noted that he was monitored for aberrant behavior with urine drug screening. However, the documentation did not indicate when the most recent urine drug screen had been performed and whether those results had been consistent. In the absence of this documentation, continued use of Norco is not supported by the evidence based guidelines. In addition, the request as submitted did not include a quantity. Therefore, the request is not medically necessary.