

Case Number:	CM15-0007313		
Date Assigned:	01/26/2015	Date of Injury:	02/27/2012
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 male patient, who sustained an industrial injury on 02/27/2012. A primary treating office visit dated 10/28/2014 reported continued subjective complaints of stiffness in the neck rated as a 3 or 4 out of 10 in intensity. Currently prescribed; Percocet 10/325 MG. Physical examination of cervical spine and upper extremities showed patient with well healed anterior cervical incision. There is no evidence of tenderness upon palpation. Range of motion deviated from normal findings in left lateral bend, right lateral bend showing left 38 degrees and right 45 degrees. Radiographic study performed on 08/19/2014, gave impression C5-C6 hardware in good position. There was also note of the following; the patient has been denied authorization for recommended post-operative physical therapy to cervical spine as not being an acceptable body part. the patient noted currently pending medical legal evaluation. The patient is deemed temporary totally disabled. On 12/26/2014 Utilization Review non-certified a request for Norco 10/325 MG, noting the CA MTUS Chronic Pain opioids, Criteria for Use was cited. The injured worker submitted an independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this entire review was completed near the time of the request. There was no evidence for functional benefit related to the Norco use. Also, the worker had been taking Percocet, without a clear reason why he required both medications. Therefore, the Norco will be considered medically unnecessary to continue. Weaning may be necessary.