

Case Number:	CM15-0007448		
Date Assigned:	01/22/2015	Date of Injury:	02/09/2001
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59-year-old female who reported an injury on 02/09/2001. The mechanism of injury was not provided. Her diagnoses were noted to include chronic neck pain and cervical degenerative disc disease. Past treatments were noted to include medications. On 10/03/2014, a urine drug screen was performed, which showed consistent results with the prescribed medications. She indicated her complaints of pain to her neck and right shoulder were rated 6/10. Upon physical examination, it was noted the injured worker had decreased range of motion to the cervical spine, as well as tenderness and paraspinal muscle spasming. Medications were noted to include Norco. A treatment plan was noted to include medications. A request was received for Norco 7.5/325 mg quantity 60 with 3 refills without a rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg Qty 60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 7.5/325 mg quantity 60 with 3 refills is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. The clinical documentation submitted for review indicated the injured worker was consistent with the medication regimen; however, there was no documentation regarding the injured worker's pain and ADLs with and without the use of this medication. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use. As such, the request for Norco 7.5/325 mg quantity 60 with 3 refills is not medically necessary.