MAXIMUS Federal Services

Case Number:	CM15-0022623		
Date Assigned:	02/12/2015	Date of Injury:	10/10/2012
Decision Date:	03/26/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio, North Carolina, Virginia
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 52 year old female, who sustained a work related injury on 10/10/12. The diagnoses have included lumbosacral neuritis, lumbosacral disc degeneration, post-laminectomy syndrome, quadriplegia with quadriparesis, cervicalgia, cervical spinal stenosis, and cervical disc displacement. Treatments to date have included oral medications, occupational and physical therapy, cervical spine MRI, cervical spine surgery, and a lumbar spine MRI. In the PR-2 dated 1/15/15, the injured worker complains of increased pain. She has fallen down twice recently. It was suggested that the injured worker be admitted to an inpatient rehabilitation program. In a Medical Case Management PR-2 dated 12/30/14, the injured worker continues to have low back pain and spasms to bilateral arms and legs.On 1/20/15, Utilization Review modified a prescription request for Norco 10/325mg., #170 with 4 refills to Norco 10/325mg., #170 with no refills. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #170 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients prescribed opioids chronically require ongoing assessment for pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there is evidence of improved pain and functionality and/or the injured worker has regained employment. In this instance, however, the injured worker has spastic quadriplegia and her functionality will likely not ever improve. Pain scores do improve from a 8/10 to a 4/10 with the Norco, baclofen, and diazepam. CURES pharmacy reports are consistent with prescribed medications and her opioid risk assessment puts her in a low risk category. She has had a worsening of her clinical situation of late but continues to derive a pain benefit from the medication. The need for pain medication will not likely diminish for the foreseeable future. Hence, Norco 10/325mg #170 with 4 refills is medically necessary.