

Case Number:	CM14-0118178		
Date Assigned:	08/06/2014	Date of Injury:	03/15/2011
Decision Date:	10/23/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 33-year-old male with a date of injury of 3/15/11. The mechanism of injury was not noted. On 3/1/14, a urine drug screen (UDS) was negative for all medications tested. On 6/9/14 a urine drug screen reported negative for opiates. On 6/6/14 he complained of sharp, stabbing pain in his cervical spine radiating to his shoulders, arms and fingertips associated with numbness and tingling. He also reported sharp and shooting pain in his lumbar spine radiating to his left leg and foot. Cervical pain was rated 0/10 and lumbar pain 8/10. The patient noted his pain was unchanged since 3/1/14 visit. The patient was taking his medications as needed but the only medication listed was Norco. On exam of the lumbar spine shows diffuse tenderness over the spinous process. There was moderate facet tenderness. There was decreased range of motion noted in all planes. There was moderate cervical paraspinal muscle tenderness and spasm. The diagnostic impression is cervical disc disease, cervical radiculopathy, right shoulder rotator cuff tear, left shoulder tendinosis, lumbar radiculopathy, and lumbar sprain/strain. Treatment to date: medication management, EMG/NVC, MRI. A UR decision dated 7/3/14 denied the request for Norco 10/325mg #120 with 2 refills. The Norco was denied because there was no documented pain improvement and functional benefit. The patient noted pain that remained unchanged. The patient rated his cervical pain at 0/10 but indicated in the same report that neck pain was moderate to severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. There is no documentation of lack of adverse side effects or aberrant behavior. There is no documentation of CURES Report or an opiate pain contract. In addition, a UDS on 3/1/14 and 6/9/14 reported negative for all medications tested including opiates. Therefore, the request for Norco 10/325mg #120 is not medically necessary.