

Case Number:	CM14-0123748		
Date Assigned:	08/11/2014	Date of Injury:	12/07/2007
Decision Date:	10/07/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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:

The patient is a 34 year old female who was injured on 12/07/2007 while she was lifting a client off a massage table. Toxicology report dated 02/12/2014 revealed negative results for ibuprofen, negative for amphetamines or opiates. A progress report dated 05/27/2014 states the patient presented with complaints of left shoulder pain, headache, stress, sleep disorder, cervical spine pain and lumbar spine pain. On exam, the cervical spine revealed +3 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral sub-occipital muscles and bilateral upper shoulder muscles. Axial compression test was positive bilaterally for neurological compromise and distraction test was positive bilaterally. Shoulder depression test was positive bilaterally. The lumbar spine revealed +4 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1, quadratus lumborum, multitudes and left piriformis and left piriformis muscle. The shoulder revealed tenderness to palpation left rotator cuff muscles and left upper shoulder muscles. The patient is diagnosed with cervical disc herniation with myelopathy; chondromalacia patella of the left knee; tear of the medial meniscus of the left knee; and rotator cuff syndrome of the left shoulder. The patient is prescribed Norco 10/325 mg. According to the UR, the patient was seen on 06/25/2014 for lumbar spine and cervical spine pain as well as bilateral shoulder pain. She was noted as taking Norco which controlled her pain from 10 down to 8 or 7 and allowed her to walk more. She was instructed to continue Norco and Flexeril. Prior utilization review dated 07/19/2014 states the request for Norco 10/325mg #120 is modified to certify Norco 10/325 mg #60.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, Criteria for use Page(s): , page (s) 76-96.

Decision rationale: This case involves a patient with chronic pain predating the time of the prescription. Treatment has consisted of Norco (10mg hydrocodone/325mg APAP) with a 2-3 point reduction in pain level. It is unclear how the patient has taken the medication. The MTUS guidance with regards to short acting opioid medications suggest that they can be used over a short time interval, but they are not indicated for long term management. This case fails to offer clinical reasoning or a rationale for this course of treatment in a circumstance of chronic myofascial pain and is therefore the request is felt to be not medically necessary at the dosing range suggested. I would agree with the modification of #60 with follow up evaluation and the determination if continued management is appropriate, with consideration of a conversion to a long acting opioid medication or alternate therapies as indicated. As such, this request is not medically necessary.