

Case Number:	CM14-0125568		
Date Assigned:	08/13/2014	Date of Injury:	10/26/1998
Decision Date:	10/09/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/05/2014

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 Texas and Ohio. 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 injured worker is a 59-year-old male smoker who reported an injury of unknown mechanism on 10/26/1998. On 05/19/2014, his diagnoses included C4-7 facet arthropathy/disc degeneration, bilateral shoulder impingement syndrome, urinary incontinence, C3-7 degenerative disc disease, L3-4 adjacent segment degeneration, status post fusion of L3-4 in 2011, mild spondylosis at C6-7, degenerative spurring at the patella articular surface of the bilateral knees, and status post L4-S1 fusion. His complaints included daily and constant neck pain with frequent headaches, daily and constant ongoing bilateral arm pain with associated numbness, ongoing, daily, and constant bilateral shoulder pain, daily and constant bilateral leg pain with numbness, daily and constant plantar feet pain, and intermittent episodes of forgetfulness and confusion. His medications included Protonix 20 mg, oxycodone 10 mg, Oxycontin 20 mg, Norco 10/325 mg, and Lyrica 75 mg. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/22/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for Norco tablets is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, antidepressants, or drug screens. Additionally, there was no quantity, frequency, or dosage included with the request. Therefore, this request for Norco tablets is not medically necessary.