

Case Number:	CM14-0139768		
Date Assigned:	09/10/2014	Date of Injury:	12/31/1989
Decision Date:	10/23/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/28/2014

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 70-year-old male with a 12/31/89 date of injury. A specific mechanism of injury was not described. According to a pain management report dated 6/26/14, the patient complained of pain in his neck radiating down to the bilateral shoulder down to the hand, with associated numbness to the fingers, rated at 8/10. He also complained of pain in the low back radiating down to the bilateral legs, with associated tingling and numbness to the toes, rated at 8/10. Objective findings: decreased normal lordosis, tenderness to palpation and spasms over cervical paraspinals muscles extending to the right trapezius muscles, restricted cervical range of motion, restricted shoulder range of motion, diffuse tenderness to palpation over lumbar paraspinals muscles, moderate facet tenderness, restricted lumbar range of motion, decreased sensation noted in the right L4 and L5 distributions. Diagnostic impression: cervical spine discopathy, cervical radiculopathy, right shoulder rotator cuff tear, lumbar disc disease, lumbar radiculopathy. Treatment to date: medication management, activity modification, chiropractic care. A UR decision dated 8/2/14 denied the request for Norco. While it would appear the current Vicodin 7.5 is not maximally controlling the patient's pain, there is no urine screen done to verify he is even using it or support switching to another opiate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #90 for the lumbar spine was not medically necessary.