

Case Number:	CM14-0159380		
Date Assigned:	10/03/2014	Date of Injury:	08/30/2005
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/29/2014

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 Geriatrics and is licensed to practice in New York. 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 52-year-old man with a date of injury of 8/30/05. He was seen for a follow-up pain management consultation on 8/14/14. He continued to complain of neck pain radiating to both upper extremities. He had multilevel disc disease of the cervical spine with bilateral C6 radiculopathy. He had low back pain which radiated into his right leg. He was prescribed Duragesic patch and Norco for breakthrough pain. His exam showed pain with palpation of his cervical musculature bilaterally with increased muscle rigidity. He had numerous trigger points and decreased range of motion with flexion and extension. He had decreased sensation in the C5-6 distribution of the arms. He had muscle tenderness to palpation and muscle rigidity with trigger points in the lumbar spine with decreased range of motion and decreased sensation in the leg in the L5 distribution. He had a positive straight leg raise on the left at 60 degrees. His diagnoses were lumbar myoligamentous injury with degenerative disc disease, facet arthropathy and bilateral lower extremity radiculopathy, left > right, cervical spine sprain/strain syndrome with possible left upper extremity radiculopathy with cervicogenic headaches, traumatic brain injury, left shoulder internal derangement status post arthroscopic repair in 2006, hypertension, bilateral carpal tunnel syndrome and medication induced gastritis with irritable bowel syndrome. At issue in this review is the request for Norco. Length of prior prescription is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #480 (3-month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 52-year-old injured worker has chronic pain with an injury sustained in 2005. His medical course has included use of opioids. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 8/14/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify ongoing use. He is also prescribed Duragesic patch for pain. The medical necessity of Norco is not substantiated in the records.