

Case Number:	CM14-0161201		
Date Assigned:	10/06/2014	Date of Injury:	01/10/2005
Decision Date:	10/31/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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 & 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 injured worker is a 55-year-old female who reported an injury of unspecified mechanism on 01/10/2005. On 08/14/2014, her diagnoses included chronic pain syndrome, post-laminectomy syndrome of the cervical region, migraine without aura, without mention of intractable migraine with status migraines, chronic daily headaches, cervical spondylosis without myelopathy, and obesity. Her complaints included constant neck pain of varying intensity, greater on the right side than on the left. She had a left sided cervical radiofrequency lesioning on 03/10/2014, which decreased her pain by 50%. She stated that recently the pain had started to get much more intense. She preferred to have a second radiofrequency procedure rather than increase her medications. Her medications included Hydrocodone/Acetaminophen 10/325 mg, Ropinirole 1 mg, Flexeril 10 mg, Cymbalta 30 mg, Sumatriptan 6 mg, verapamil 240 mg, Diclofenac 75 mg, Levoxyl 25 mcg, and Estradiol 1 mg. The rationale for the requested medication was that she was using this medication appropriately to stay active and maintain her functionality. Pill counts, urine drug screens, and CURES reports were reviewed regularly for compliance and no aberrant behaviors were noted. A Request for Authorization dated 09/10/2014 was included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #90: Upheld

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

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

Decision rationale: The request for (1) Prescription of Norco 10/325mg #90 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, 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, acetaminophen, aspirin, or anticonvulsants, or quantified efficacy. Additionally there was no frequency specified in the request. Therefore, this request for (1) Prescription of Norco 10/325mg #90 is not medically necessary.