

Case Number:	CM14-0162553		
Date Assigned:	10/07/2014	Date of Injury:	12/05/2005
Decision Date:	11/07/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/02/2014

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 Illinois. 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 male who reported an injury on 12/05/2005 due to a motor vehicle accident. The injured worker reportedly sustained an injury to his cervical, thoracic, and lumbar spine. The injured worker's treatment history included physical therapy, medications, and cognitive behavioral therapy. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 08/28/2014. The injured worker's medications included hydrocodone/acetaminophen 10/325 mg, naproxen, pantoprazole 20 mg, Dilantin 100 mg and Nortriptyline 50 mg. Physical findings at that appointment included restricted range of motion secondary to pain of the cervical, thoracic and lumbar spine. The injured worker had 3/5 upper extremity strength and 3/5 bilateral lower extremity strength. The injured worker's diagnoses included thoracic or lumbosacral neuritis or radiculitis, cervicalgia, brachial neuritis or radiculitis, and skin sensation disturbance. A request was made for a refill of medications. A Request for Authorization form was submitted on 08/28/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 9, 74-78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #60 is not medically necessary. California Medical Treatment Utilization Schedule recommends the going use of opioids in the management of chronic pain be supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for nonadherent behavior. The clinical documentation indicates that the injured worker has been on this medication since at least 02/2014. The clinical documentation also indicates that the injured worker is monitored for aberrant behavior with urine drug screens. However, there is no documentation that the injured worker has significant pain relief or functional benefit resulting from the use of this medication. Therefore, ongoing use would not be supported in this clinical situation. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #60 is not medically necessary or appropriate.