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| Case Number: | CM14-0179202 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 06/27/2008 |
| Decision Date: | 12/09/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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 Family Medicine and is licensed to practice in Florida. 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 patient is a 54-year-old female with a date of injury of 6/27/2008. The mechanism of injury is not discussed, but the provided documentation infers that the patient has had chronic neck and back pain as a result of an industrial related injury. Her current diagnoses are as follows: Myofascial pain, cervical disc displacement and spondylosis without myelopathy, cervicgia, cervical disc degeneration, post laminectomy syndrome of cervical region, osteoarthritis, pain in shoulder joint, lumbosacral spondylosis without myelopathy, and opiate tolerance. This patient is seeing a Pain Management physician. She does have a signed pain management contract. She has been treated with medications (including narcotics and muscle relaxants,) Cervical fusion surgery and Shoulder surgery not otherwise specified. She has had a prior MRI of her cervical spine performed, and she has also had C7-T1 epidural steroid injection performed in 9/2013. A social history portion of a progress note dated 7/8/2014 states that the patient is on temporary disability. Her most recent physical exam showed "globally and regionally reduced range of motion." Muscle spasms were also noted in the cervical and lumbar paraspinal and trapezius regions. Neurologic exam was essentially normal. A utilization review physician did not certify a request for Norco 10/325mg #180 x 2 refills. Likewise, an independent medical review has been requested to determine the medical necessity of this disputed medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) if the patient has returned to work, (b) if the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. This patient's case appears to satisfy much of the above criteria. Accept she is still listed as temporary disability. Also, MTUS guidelines state under pain management agreements, "Refills are limited, and will only occur at appointments." Therefore, the request for Norco 10/325 mg #180 tablets x 2 refills is not medically necessary.