

Case Number:	CM14-0179917		
Date Assigned:	11/04/2014	Date of Injury:	06/03/2011
Decision Date:	12/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/29/2014

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 Anesthesiology 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:

This is a 61-year-old male with a date of injury of 06/03/2011. The patients' diagnoses include cervical discogenic disease, left leg radiculitis, cervical strain/sprain, myofascial sprain/strain, lumbar strain/sprain and chronic pain syndrome. On 04/17/2013 the patient had an Anterior Cervical Discectomy and Fusion C5-C6 and C6-C7. According to the medical documentation the patient is taking Norco 10/325 mg with 40% pain relief. He is reportedly able to perform his activities of daily living (ADLs) with Norco and unable to perform his ADL's without it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count, request for two months with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-91.

Decision rationale: Norco is an short acting opioid combined with acetaminophen. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." According to the MTUS guidelines short-acting opioids, such as norco, are an effective method of pain control for chronic pain. However, failure to

respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management MTUS guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the Guidelines state actions should also include "Continuing review of overall situation with regard to nonopioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no specific documented information on improvement in function or return to work. Therefore, the above listed request is considered not medically necessary.