

Case Number:	CM14-0184007		
Date Assigned:	11/10/2014	Date of Injury:	04/11/2013
Decision Date:	12/16/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/05/2014

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 Utah. 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 43 year-old female. The patient's date of injury is 4/11/2013. The mechanism of injury was described as a syncopal episode that caused her to hit her head. The patient has been diagnosed with cervical and lumbar strain, disc bulges and protrusions, and post-concussion syndrome. The patient's treatments have included epidural injections, NCS/EWGs, imaging studies, and medications. The physical exam findings dated 4/16/2014 shows the patient as alert and oriented x 4. The cervical neck range of motion is reported as normal. There is paravertebral muscle tenderness on the left side of the c spine. There are hyperesthesias greater on the left than the right. The shoulder range of motion is reported as normal with trigger points at the trapezius, and other muscles of the rotator cuff. There is a positive Tinel's sign at the left cubital tunnel; there is also tenderness over the epicondyle on the left. The patient's medications have included, but are not limited to, Viibryd, Lamictal, Clonazepam, Prilosec, Iron, Vitamin D, Norco, Topamax and Flexeril. The request is for Norco. This medication was used from three times a day, to 1-2 times a day after the injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. In addition, according to the documentation provided, the pain appears to be chronic, lacking indications for fast acting pain control medications. There is no specific amount of Norco in the request, nor how often this medication should be taken. There has been a modified request for this medication that has been approved. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.