

Case Number:	CM14-0088743		
Date Assigned:	07/23/2014	Date of Injury:	02/13/2012
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/12/2014

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 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 52-year-old male with a reported injury on 02/13/2012. The mechanism of injury was due to when the injured worker was helping with truck driving and working with a peer, he ended up having a gyration type of injury through a machine that they were using to do something underneath the truck. It caused a severe injury to his back and his legs, and he has been suffering ever since. The injured worker's diagnoses consisted of displaced surgical intervertebral disc, brachial neuritis/radiculitis other, and degeneration cervical 4 disc. His previous treatments include medial branch blocks, physical therapy, and the use of medications. The injured worker has had a previous spinal fusion in the cervical spine. The injured worker had an examination on 06/19/2014 for complaints of his neck and bilateral upper extremity pain, and also for bilateral lower extremity pain. He complained that his symptoms have worsened since previous examinations. It was noted that he had previous steroidal injections to his left shoulder. Upon examination, it was noted that the injured worker did have pain that was tender on palpation of his cervical spine, and that he did have decreased range of motion due to the pain. The efficacy of his medications or previous treatments that was provided. The medication list included Norco, Cymbalta, gabapentin, omeprazole, and trazodone. The recommended plan of treatment was for him to get a CT myelogram. There was no other plan that was mentioned in this examination. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids for there to be documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The guidelines also recommend to discontinue opioids if there is no overall improvement in function, or if there is continuing pain. The guidelines state for there to be immediate discontinuation if there has been evidence of illegal activity. There was a lack of evidence of the efficacy of this medication. The side effects were not assessed. There was a lack of documentation to provide a physical and psychosocial functioning, improvements, and/or deficits. There was a urine drug screen that was performed on 03/19/2014 that was inconsistent with his prescriptions, and was positive for marijuana. It had been reported previously that the injured worker has had a history of substance abuse. Furthermore, the directions do not specify frequency or duration. There is a lack of evidence to support the number of 180 pills without further evaluation and assessment. Clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Norco 10/325mg #180 is not medically necessary.