

Case Number:	CM14-0094711		
Date Assigned:	07/25/2014	Date of Injury:	02/12/2001
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 51-year-old female who reported an injury on 02/12/2001. The mechanism of injury was not specifically stated. The current diagnosis is cervical spondylosis. The injured worker was evaluated on 06/05/2014 with complaints of 4/10 pain in the right shoulder, neck, and right arm. Previous conservative treatment is noted to include medications, physical therapy, activity modifications, injections, and a cervical epidural steroid injection. Physical examination was not provided on that date. The current medication regimen include Fentanyl 25 mcg and Norco 10/325 mg. Treatment recommendations included a refill of the current medication regimen. A Request for Authorization form was then submitted on 06/05/2014 for the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 11/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.