

Case Number:	CM14-0096495		
Date Assigned:	09/15/2014	Date of Injury:	07/09/2003
Decision Date:	10/06/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational Medicine 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:

There was a request for independent medical review dated June 23, 2014. The request was for Norco, but no dosage recommendation was given. The application for independent medical review was signed on June 23, 2014. Per the records provided, there was a July 26, 2014 request for authorization of Oxycodone 10 mg and Tramadol 50 mg. The patient was 58 years old is followed at their office for chronic neck pain and bilateral upper extremity radiation and low back pain with bilateral lower extremity radiation. The patient reports the medication is associated with moderate gastrointestinal upset and moderate constipation. Records attest the patient was in moderate distress on physical exam. The gait was antalgic and slow. She used a cane to walk. There was decreased sensation in the right upper extremity with the affected dermatomal C6-C7. Tenderness was noted on palpation in the spinal vertebra level at L4-S1. Her diagnoses included cervical radiculopathy, cervical facet arthropathy, lumbar radiculopathy and obesity. She was status post bilateral total knee arthroplasty, had a history of anemia, and was status post revision of the left total knee replacement. In rebuttal to the non-certification, the provider noted she did sign and complete an opiate pain agreement and she has not exhibited red flags of potential abuse. The peer review was provided. The patient was reportedly sliding an embalming machine onto a cart and injured her lumbar spine, noting right lower extremity radicular pain. The prescriptions were Tramadol and Oxycodone dating back to at least August 2013. A lumbar discogram was done on February 23, 2012 showing abnormal discs at all levels. The records show long-term use of opiates without objective evidence of significant improvement in pain or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco - Unspecified dosage and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. Further, no dosage is provided. The request for long-term opiate usage is not medically necessary per MTUS guideline review.