

Case Number:	CM14-0199888		
Date Assigned:	12/10/2014	Date of Injury:	10/06/2010
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab and is licensed to practice in Maryland. 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 46 year old male with a work injury dated 10/6/10. The diagnoses include lumbar radiculopathy, chronic pain syndrome, chronic pain related insomnia, myofascial syndrome, neuropathic pain, chronic pain related depression, and prescription narcotic dependence. Under consideration are requests for Norco 10/325 #180 with 1 refill. There is an 11/5/14 appeal to the denial of Norco received 11/4/14. The request was generated on 7/3/14. In the patient's subsequent 2 visits he had severe distress. There was a possibility that his lead wires from his spinal cord stimulator have migrated. As a result he had severe pain and was not getting relief that he had prior from the spinal cord stimulator. In spite of this he had 30% relief in pain with the Norco as opposed to without it. The appeal requests Norco while these issues are addressed at which point a detox or tapering can be considered. There is a 10/28/14 document that states that the patient has neck and shoulder pain. He continues with the same symptoms. There are pending requests for diagnostics and spine surgery consults. His medication protocol will continue which includes Norco, Percura, and compounded pain cream. A 10/7/14 document states that the patient has low back pain radiating to his right leg. He has right shoulder, pain in his right arm and right hand weakness. His pain score is 6/10 without meds and with meds 5/10. There is decreased Jamar right hand testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Norco 10/325 #180 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Norco 10/325#180 with 1 refill is not medically necessary.