

Case Number:	CM14-0208714		
Date Assigned:	12/22/2014	Date of Injury:	08/01/2011
Decision Date:	02/11/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehab, 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:

This 31 year-old patient sustained an injury on 8/1/11 while employed by [REDACTED] Request(s) under consideration include Norco 10/325mg #150. Diagnoses include back sprain. Conservative care has included medications, therapy modalities, and modified activities/rest. Report of 10/30/14 from the provider noted chronic ongoing right shoulder, neck, and lower back pain. Exam showed unchanged findings of tenderness to palpation of the lumbar spine with decreased range of motion. Medications list Norco, Omeprazole, and Naproxen. There was recent UDS dated 11/18/14 with inconsistent result, negative for Hydrocodone. Treatment plan was to continue Norco without change. The request(s) for Norco 10/325mg #150 was non-certified on 12/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 31 year-old patient sustained an injury on 8/1/11 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #150. Diagnoses include back sprain/ lumbar disc disease/ radiculitis/ radiculopathy/ facet syndrome; coccydynia; right shoulder internal derangement; cervical disc disease/ radiculitis/ musculoligamentous strain. Conservative care has included medications, therapy modalities, and modified activities/rest. Report of 10/30/14 from the provider noted chronic ongoing right shoulder, neck, and lower back pain. Exam showed unchanged findings of tenderness to palpation of the lumbar spine with decreased range of motion. Medications list Norco, Omeprazole, and Naproxen. There was recent UDS dated 11/18/14 with inconsistent result, negative for hydrocodone. Treatment plan was to continue Norco without change. The request(s) for Norco 10/325mg #150 was non-certified on 12/4/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening negative for prescribed opiates on 11/18/14; however, no adjustment was made by the provider regarding the aberrant drug behavior. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 10/325mg #150 is not medically necessary and appropriate.