

Case Number:	CM14-0210991		
Date Assigned:	12/23/2014	Date of Injury:	03/04/2002
Decision Date:	02/20/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 53-year-old male with a 3/4/02 date of injury. According to a progress report dated 11/21/14, the patient reported his pain level with medications was an 8/10, and a 10/10 without medications. His knee pain was getting worse. He would like another trigger point injections. Objective findings: very tight muscle spasm of left trapezius into SCM, tender all over chest and back, painful range of motion of bilateral arms. Diagnostic impression: chronic neuropathic pain, acute pain and spasm of left upper back, radiculitis, degenerative disc disease. Treatment to date: medication management, activity modification, physical therapy, trigger point injection. A UR decision dated 12/2/14 modified the request for Norco 10/325mg from 100 tablets to 80 tablets for weaning purposes. There is no documentation of functional and quantified benefits of opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of objective functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 2002 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10/325mg #100 was not medically necessary.