MAXIMUS Federal Services

Case Number:	CM14-0214042		
Date Assigned:	12/31/2014	Date of Injury:	04/10/1991
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 female patient with a date of injury of April 10, 1991. A utilization review determination dated December 8, 2014 recommends non-certification of Norco 10-325 mg 4-6 daily when necessary. A progress note dated August 26, 2014 identifies subjective complaints of ongoing lower back pain with radiation down both lower extremities left greater than right. The patient continues to experience increased pain in her left shoulder that is aggravated with any type of overhead activities. The patient has been able to wean herself off of the Duragesic patch and has been able to manage her pain on Percocet 10-325 mg which she takes 4-6 tablets a day as well as Norco 10-325 mg 6-8 tablets a day for breakthrough pain. The patient feels that her current medical regimen enables her to function on a daily basis which includes taking care of her family, cooking, cleaning, and caring for her teenage son. The physical examination reveals posterior cervical musculature tenderness to palpation, left shoulder reveals tenderness of palpation along the shoulder joint line, there is tenderness to palpation along the posterior lumbar musculature, and there are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The diagnoses include cervical spine sprain/strain syndrome, left shoulder internal derangement with labral tear and impingement syndrome, lumbar spine sprain/strain syndrome with herniated nucleus pulposus at L4-5 and L5-S1, bilateral lower extremity radicular symptoms left greater than right, reactionary depression/anxiety, numerous dental caries, right knee sprain/strain, and medication induced gastritis. The treatment plan recommends trigger point injections in the posterior cervical and lumbar musculature, a refill for Percocet 10-325 mg #180, a prescription for Norco 10-325 mg #240, a prescription for Neurontin

300 mg #90, a prescription for Prilosec 20 mg #60, the patient will start acupuncture treatment in the near future, and there is a request for authorization for the patient to see a gastroenterologist for her significant G.I. complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 4-6 daily when necessary: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Norco 10/325mg 4-6 daily when necessary, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), and no documentation regarding side effects. Additionally, the patient is already being prescribed another short-acting opioid, Percocet, and it is not recommended that the patient use both Percocet and Norco. In light of the above issues, the currently requested Norco 10/325mg 4-6 daily when necessary is not medically necessary.