

Case Number:	CM14-0218526		
Date Assigned:	01/05/2015	Date of Injury:	08/28/1988
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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, Washington

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 injured worker is a 57 year old female with a reported date of injury of August 28, 1988. The mechanism of injury is unknown. Diagnoses included lumbar degenerative disc disease, status post discectomy, laminectomy, fusion, chronic cervicalgia, chronic back pain and right lumbosacral radiculitis. On December 17, 2014, the injured worker stated a 40% reduction in her pain with her most current medication regimen. She described her pain as 7-8 on a 1-10 pain scale without her medications and as a 4 on the scale with medications. The exact areas of pain were not indicated in the report. Physical examination of the cervical spine revealed moderate tenderness and spasm noted throughout the bilateral cervical paraspinal regions with tenderness noted throughout the cervical spine. Range of motion testing in the cervical spine was deferred. Physical examination of the thoracic/lumbar spine revealed some slight tenderness to palpation throughout the thoracic spine. Seated straight-leg raise was positive on the right. Treatment included TENS unit and medications. A request was made for one prescription of Duragesic 75mcg/hr transdermal film #20 and one prescription of Norco 5/325mg #120. On December 10, 2014, utilization review approved the request for the Duragesic transdermal film. The request for Norco was modified to one prescription of Norco 5.325mg #15 citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain;ongoing management;opioid dosing Page(s): 60;78;86.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The injured worker was noted to be utilizing Duragesic 75 mcg/hr and Norco 5/325 mg 4 times a day. This would exceed the daily morphine equivalent dose of 120 mg. Added together, the medications would equal 200 mg. There was a lack of documentation of objective improvement in function, an objective decrease in pain, and evidence the injured worker is being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg #120 is not medically necessary.