

Case Number:	CM15-0006508		
Date Assigned:	01/26/2015	Date of Injury:	06/18/2002
Decision Date:	03/23/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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

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 injured worker is a 44-year-old male who reported an injury on 06/18/2002. The injury reportedly occurred when beams fell and landed on his head, and struck his neck and right shoulder. His past treatments were noted to include physical therapy, chiropractic treatment, acupuncture, medications, epidural steroid injection, home exercises, facet joint injections, trigger point injections, cervical fusion surgeries, and a right shoulder injection. On 08/27/2014, it was noted that the injured worker had stopped taking Celebrex due to side effects and that he was not taking pain medication at that time, but had a history of extensive pain medication use. He was prescribed Norco to be used for pain. At his followup visit on 12/17/2014, the injured worker's symptoms were noted to include neck pain and right shoulder pain. He rated his pain 4/10 with medications and 7/10 without medications. He denied adverse effects and indicated his activity level had remained the same. His medications were noted to include Norco 10/325 mg every 6 hours as needed for pain. He was also noted to have a past medical history significant for high blood pressure, asthma, and arthritis. Urine drug screen performed prior to the initiation of Norco had been negative, which was consistent. Additionally, CURES reports revealed appropriate refill activity. The injured worker was given an additional prescription for Norco for continued pain control. Additionally, it was noted that bloodwork, to include liver and kidney function test, was recommended to rule out potential and organ damage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #84 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 Opioids, Criteria for Use, On-going Management. Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing use of opioid medications should be based on detailed documentation of pain relief, functional status, appropriate medication use, and adverse side effects. While the submitted documentation indicated that urine drug screening and CURES reports have verified appropriate medication use, the injured worker denied adverse effects, and he was shown to have significant pain relief verified by numeric scales, there was no documentation indicating that he had any functional improvement with use of this medication. Therefore, the criteria for continued use of opioid medication have not been met. In addition, the request as submitted failed to include a frequency of use and 1 refill is not appropriate for this medication, per new DEA regulations. For these reasons, the request is not medically necessary.

One lab: BUN/creatinine and hepatic function panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70-73.

Decision rationale: According to the California MTUS Guidelines, routine lab monitoring, to include liver and renal function tests, is recommended for patients taking NSAID medications due to the significant risk of adverse effects with these medications. The clinical information submitted for review indicated that the injured worker has chronic pain and had failed multiple NSAID medications and had an allergic reaction to Celebrex. However, details regarding their use were not provided, including the duration of use and the rationale for the requested labs, as there was no clear documentation of objective findings to warrant kidney and liver function testing at this time. In the absence of documentation with a clear rationale for this testing, as the injured worker was not shown to be currently taking NSAID medications, the request is not supported. As such, the request is not medically necessary.