

Case Number:	CM15-0010824		
Date Assigned:	01/28/2015	Date of Injury:	01/20/2013
Decision Date:	03/18/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/20/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 58-year-old female, with a reported date of injury of 01/20/2013. The diagnoses include bilateral cervical radiculopathy, thoracic strain, visual changes, closed head injury, cervicogenic headaches, C5-6 degenerative disc disease, L5-S1 degenerative disc disease, and central canal stenosis and mild left neural foraminal stenosis at C3-4. Treatments have included Norco, Trazodone, Zanaflex, topical pain medication, an x-ray of the cervical spine on 07/22/2014, which showed disc space narrowing at C5-6 with loss of motion of flexion and extension views, an x-ray of the thoracic spine on 07/22/2014 showed normal findings, and x-ray of the lumbar spine on 07/22/2014, which showed mild disc space narrowing at L5-S1, and an MRI of the cervical spine on 09/04/2014, which revealed central canal stenosis and mild left neural foraminal stenosis at C3-4, and an annulus disc bulge. The progress report dated 12/16/2014 indicates that the injured worker complained of neck pain with pain and numbness down the bilateral upper extremities to the wrists, worse on the left than the right. She rated the pain 2 out of 10. The injured worker continued to have ongoing mid to lower back pain which radiated into the left posterior thigh, which was rated 4 out of 10. The physical examination showed tenderness to palpation over the paracervical muscles, base of the neck, base of the skull, and left interscapular space. The treating physician refilled the prescription for Norco 10/325mg #90, and requested a random urine toxicology screening to verify medication compliance. On 01/20/2015, Utilization Review (UR) denied the request for prospective use of Norco 10/325mg #90 and a random urine drug screen, noting that there was no documentation of objective functional benefit, a risk assessment profile, attempt at weaning, updated and signed pain

contract, abnormal behavior, or minimal risk for medication misuse. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: The injury was on 01/20/2013 and the patient has been treated with opiates long term. MTUS guidelines require documentation of analgesia, adverse effects monitoring, improved functionality with respect to ability to do activities of daily living or work and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet this criteria. Norco is not medically necessary for this patient.

Random urine drug screen (medication compliance): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Urine Drug Testing

Decision rationale: There is no documentation of abnormal drug seeking behavior. Opiates did not meet MTUS on-going management guidelines and should be discontinued. There is no indication for urine drug testing at this time.