

Case Number:	CM13-0016540		
Date Assigned:	11/06/2013	Date of Injury:	10/31/2011
Decision Date:	04/30/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62-year-old male with date of injury of 10/31/2011. The most recent primary treating physician's progress report, dated 11/20/2013, lists the subjective complaint as pain in the cervical spine radiating between his shoulders, with accompanying numbness and tingling. He also reports pain in his right arm, right shoulder, left hand, left arm and left shoulder. He characterizes the pain as sharp with numbness and tingling radiating down the arms to the fingers. He has back pain also, which radiates all the way down both of his legs to the hips and feet. The objective findings indicate that an examination of the cervical spine revealed a 50% decreased range of motion. All motions were with pain. An examination of the lumbar spine showed no decrease range of motion, however all motions were with pain. The paraspinal examination was positive for tenderness to palpation. The diagnoses include: 1. Carpal tunnel syndrome bilaterally; 2. Shoulder impingement bilaterally; 3. Multilevel disc herniation, cervical spine; and 4. Multilevel disc herniation, thoracic spine. The medical record provided to this reviewer documents that the patient had been successfully weaned from hydrocodone, which he apparently was taking from January of 2012 to November of 2012. He has been taking the following medications for at least as far back as 8/29/2012. Medications: 1. Piroxicam 10mg: 1 by mouth every day 2. Omeprazole 20mg: 1 by mouth every day 3. Naproxem 550mgL 1 twice a day 4. Tramadol 50mg : 1 to 2, three times a day

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #60, ONE (1) TWICE A DAY, AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12. Decision based on Non-MTUS Citation ODG-TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: While reviewing the last year of medical records, it was noted that the patient's pain level has remained unchanged. The Chronic Pain Guidelines indicate that for a therapeutic trial of opioids, the use of opioids should be part of a treatment plan that is tailored to the patient. There are questions to ask prior to starting therapy. The questions required to ask prior to starting therapy with opioids have not been sufficiently addressed, because there is insufficient documentation in the medical records. The request for Norco 10/325 #60, one (1) twice a day, as needed is not medically necessary.