

Case Number:	CM13-0042377		
Date Assigned:	12/27/2013	Date of Injury:	05/30/1996
Decision Date:	04/22/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 61-year-old with an injury date on May 30, 1996. Based on the November 22, 2013 progress report provided by [REDACTED], the patient's diagnoses are neck pain radiating down the left upper extremity, low back radiating bilaterally in the lower extremity, spine pain about L5-S1, cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, lumbar facet arthropath, lumbar radiculopathy, chronic pain, and left plantar fasciitis. "There is spasm noted in the paraspinous musculature. The range of motion of the lumbar spine was moderately to severely limited. Pain was significantly increased with flexion and extension. Sensory exam shows decreased sensitivity to touch along the L4-5 dermatone in the right lower extremity." A CT of the cervical spine completed on November 4, 2009, shows anterior cervical discectomy and fusion from C5 to C7 levels. An x-ray of the cervical spine completed on December 18, 2007, indicates moderate to severe degenerative disc disease at C5-6 and C6-7, moderate right facet arthritis at C3-4, severe right hip arthritis, and mild arthritis of the left hip. A positional MRI of the cervical spine completed on June 15, 2008, reveals disc desiccation throughout the cervical spine, disc height and osteophytes at C4-5 through C7-T1, and multiple disc protrusions. [REDACTED] requests for Norco 10-325 #180. The utilization review determination being challenged is dated October 4, 2013 and recommends denial of the Norco. [REDACTED] is the requesting provider, and he provided treatment reports from November 23, 2013, through March 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, 180 COUNT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th Edition, 2006, as well as the Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids Section Page(s): 60-61 88-89.

Decision rationale: According to the November 22, 2013 progress report provided by [REDACTED], the patient presents with neck pain radiating down the left upper extremity, low back radiating bilaterally in the lower extremity, spine pain about L5-S1, cervical disc degeneration, cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, lumbar facet arthropath, lumbar radiculopathy, chronic pain, and left plantar fasciitis. The request is for Norco 10-325 #180. There were no additional progress reports previous to the utilization review date October 4, 2013. According to the November 22, 2013 progress report, the patient reports activities of daily living limitations in self-care/hygiene, ambulation and sleep. Areas of functional improvement as a result of opioids include ability to attend church, climb stairs, concentrating, driving, exercising at home, gardening, sitting, sleeping, and vacuuming. Pain is rated as a 5/10 with medications and 9/10 without medications. The request was denied by utilization review dated October 4, 2013. The rationale was that the dose was too high and that Norco is a short acting opioid medication being used for a chronic nonmalignant pain. According to Chronic Pain Medical Treatment Guidelines, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." For chronic opiate use, the Chronic Pain Medical Treatment Guidelines also states: "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at six month intervals using a numerical scale or validated instrument." In this case, adequate documentations have been provided including numeric scales and functional measures that show significant improvement. The request for Norco 10/325 mg, 180 count, is medically necessary and appropriate.