

Case Number:	CM14-0010603		
Date Assigned:	02/21/2014	Date of Injury:	08/02/2012
Decision Date:	06/25/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/27/2014

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. The expert reviewer is Board Certified in Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 48 year old male who injured himself after falling from a scaffold on 8/2/12. Since then, he has been experiencing chronic pain in his right hand, constant headaches, neck pain, chronic low back pain with right leg radiation, and chronic myofascial pain syndrome. He also was diagnosed with chronic low back pain, cervical strain/sprain, head trauma, 5th metacarpal bone fracture in right hand, spondylolistheses at L5-S1, and chronic bilateral pars interarticularis fractures. He was treated by his physician with surgeries on his right wrist, as well as lumbar spine surgery, opioid medications, NSAIDs, muscle relaxants, occupational therapy, physical therapy, and steroid injections. During his use of opioids, urine toxicology screens were done on a random basis and a contract for opioid use was signed and reviewed with the treating physician, according to the notes provided. The worker had his lumbar spine surgery on 12/4/13. On 12/18/13, two weeks after the surgery, the worker was again seen by his pain specialist physician complaining of low back pain at a level of 8/10; with his medications it decreased to 6/10. The physical exam was not remarkable, except for decreased sensation in the right lateral side of the right knee area and tenderness of the lower back area surrounding the scar from the surgery. The worker was prescribed Norco and Hydroxyz for as needed use, and was recommended he continue to wear lumbar spine orthosis. Prior to this visit the patient had been using (before and after surgery) Tramadol, Norco, Flexeril, Prilosec, and amitriptyline. The worker on 10/16/13 stated that the medications caused nausea, vomiting, and constipation, and caused difficulty in activities of daily living.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 78-80

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require there to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening, review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as a consultation with pain specialist if after three months opioid use is unsuccessful; these criteria are required for long-term use of opioids. In the case of this worker, Norco was essentially continued as part of his long-term use pattern regardless of the renewal of the prescription being soon after the back surgery. No opioid contract was seen in the notes provided; however, referral to this contract is mentioned in at least one progress note. No review of functional status or pain improvement related to Norco specifically was seen in the documents provided. As such, the request is not medically necessary.