

Case Number:	CM14-0132614		
Date Assigned:	08/22/2014	Date of Injury:	02/21/2000
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 56 year old employee with date of injury of 2/21/2000. Medical records indicate the patient is undergoing treatment for thoracolumbar strain with herniated nucleus pulposus; cervical and right shoulder strain; stomach upset due to NSAID. Subjective complaints include right shoulder, cervical and thoracic spine discomfort. He rates his pain as a 6/10 with medications. However, his medications are being decreased (as of 7/28/2014). His current complaints include mid back pain that radiates to the low back; right sided low back pain; pain that radiates from neck to right shoulder; stomach upset with acid reflux. Objective findings include palpation revealed tenderness in mid-low paracervical muscles with mild spasm; AROM; flexion and right and left lateral flexion 80% and extension, 70%. Palpation reveals spasm and tenderness to parathoracic muscles and a tender point over the T8-10 region. Range of motion of thoracolumbar spine: flexion and extension are 80%. Gait is normal. Treatment has consisted of ice, home exercise, Soma, Flexeril and Norco. The utilization review determination was rendered on 8/14/2014 recommending non-certification of Norco 10/325 mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: Official Disability Guidelines does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since 9/2010, in excess of the recommended 2-week limit. As such, the question for Norco 325/10mg is not medically necessary.