

Case Number:	CM14-0155048		
Date Assigned:	09/25/2014	Date of Injury:	01/28/2009
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 64-year-old male who reported an injury on 01/28/2009. The mechanism of injury was not provided. The surgical history was not provided for review. The injured worker's medications included tramadol 50 mg twice a day, Flexeril twice a day, and Colace 2 times a day, as well as Senna. The documentation of 04/15/2014 revealed the injured worker had complaints of neck pain, arm pain, back pain, and left leg pain. The injured worker had radiation of the pain into the arms and into the left leg. The injured worker indicated Flexeril and tramadol were providing significant benefits with him. With the medication, the injured worker was able to be up and walk and do his exercises. Without the medications, the pain went up severely and the injured worker had to lie down and could not be active. The injured worker's worst pain was 9/10 and the medication brought the pain down to a 3/10 to 4/10. The injured worker was getting a little bit of itching from the medications, however, had no other side effects. The physical examination revealed the injured worker was leaning to one side or the other to take the stress off the tailbone which was painful. The injured worker had decreased range of motion of the cervical spine. The injured worker had tenderness throughout the cervical spine midline and paraspinously. The injured worker had tenderness in the trapezii bilaterally. The injured worker had tenderness to light touch throughout the cervical spine midline and paraspinously. The injured worker had light touch sensation dysesthesia, tingling in the thumb, index, and longer finger on the left side. It was intact on the right side. The injured worker had positive Tinel's at the elbow and the wrists over the median nerves and ulnar nerves bilaterally. Motor strength was intact in the upper extremities. The injured worker had decreased range of motion of the lumbar spine. The injured worker had tenderness throughout the lumbar spine midline and paraspinously. The injured worker had spasms of the right paraspinous musculature. The injured worker had tenderness over the gluteus bilaterally or the SI joints, the sacrum, and

the coccyx. The straight leg raise produced discomfort in his back and his calf bilaterally. The sensation was diminished in the posterior leg subjectively. Motor strength was intact in the lower extremities. The injured worker underwent cervical x-rays on 04/27/2012 and an EMG/nerve conduction study on 03/31/2014. The diagnoses included lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, SI joint dysfunction not improved following injections, cervical degenerative disc disease with foraminal stenosis c46 on the left and on the right at C3-4 due to uncovertebral spurring, cervical radiculopathy, bilateral upper extremity paresthesia with normal EMG/nerve conduction study possibly radicular in nature, myofascial pain, dyspepsia secondary to reflux, and a history of gallstones. The treatment plan included an epidural steroid injection, tramadol 50 mg a day, and Flexeril 10 mg a day for spasms, as well as Colace and Senna for constipation. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide the requesting documentation for the medication. There was documentation the injured worker had an objective decrease in pain, objective functional benefit and was being monitored for side effects. However, there was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 5/325 mg #30 with 3 refills is not medically necessary.