MAXIMUS Federal Services

Case Number:	CM14-0176784		
Date Assigned:	10/30/2014	Date of Injury:	02/08/2003
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 55 year old female who was injured cumulatively leading up to 2/8/2003. She was diagnosed with lumbar strain/sprain, lumbar disc disease, lumbar radiculopathy, cervical strain/sprain, cervical disc syndrome, carpal tunnel syndrome, and sleep disturbance. She was treated with various medications including opioids, anti-epileptics, and muscle relaxants. She was also treated with physical therapy, chiropractor treatments, surgery (lumbar spine), and spinal cord stimulator. On 10/6/14, the worker was seen by her primary treating physician reporting continual lumbar pain with radiation to both legs and associated with numbness and tingling and also complained of cervical pain with radiation to both arms. She reported having 9/10 pain (on pain scale) while using Norco, and 10/10 (on pain scale) without it, but also reported an ability to perfume daily activities, home exercises, and improved sleep with its use. Physical findings included tenderness and spasm of cervical and lumbar paravertebral muscles bilaterally, decreased range of motion (cervical and lumbar), positive straight leg raise test, and decreased sensation of L5-S1 dermatomes. It was discussed that the worker was to get an MRI of the lumbar spine in preparation for consideration of injections or surgical intervention. She was recommended to continue her Norco use, which she had been using chronically for years. She was also recommended to continue her home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), 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 consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, it appears that the worker was not benefitting from Norco significantly based on the report. She only reported a slight pain reduction with its use and there was no documented measurable assessment of how much she is able to function at different tasks with and without Norco use. Therefore, it appears Norco should not be continued as it had been previously used for a long time and is not medically necessary.