

Case Number:	CM14-0025672		
Date Assigned:	06/13/2014	Date of Injury:	03/31/2006
Decision Date:	07/21/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	02/28/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old male with a date of work injury 3/31/06. His diagnoses include cervical pain with chronic right C6-7 radiculopathies; thoracic pain post operative T5-6 level reconstruction with anterior and posterior decompression/fusion; lower back pain, chronic left sciatica L5-S1 distribution weakness; chronic right knee pain; bilateral carpal tunnel syndrome; left ulnar neuropathy. Under consideration is the request for 1 prescription of Norco 10/325mg #90. There is a 1/16/ 14 progress note that states that the pain on the left side of the thoracic region is bothersome today, radiating between the shoulder blades is tormenting. The lumbar pain persists, the pain level is elevated due to recent operation of removal of renal cysts/stones in December 2013. He still takes - Still Hydrocodone 10/325 - 3-4 times per day. The physical exam reveals that the gait is safe but antalgic on left with a cane on the left hand. There is a thoracic surgical scar. There is decreased lumbosacral range of motion to 20% of expected guarded in all planes. There is 10% of expected cervical range of motion mostly in flexion and extension. AJ/KJ are absent bilaterally. The treatment plan includes a renewal of Norco 10/325 #90 and Lidoderm Patches. The patient is to remain off work until SSDI. There is 4/24/14 progress note that states that the pain levels are high. He was given Lidoderm patches which were helpful in easing spine pain. The Lidoderm was prescribed in addition to Gabapentin 600mg orally. The Gabapentin allows for more restful less fractured sleep. The low back and left sided thoracic pain is bothersome with radiating pain between the shoulder blades that is tormenting. The physical exam reveals that the gait is safe but antalgic on left with a cane on the left hand. There is a thoracic surgical scar. There is decreased lumbosacral range of motion to 20% of expected guarded in all planes. There is 10% of expected cervical range of motion mostly in flexion and extension. AJ/KJ are absent bilaterally. The treatment plan is to continue

Norco, Gabapentin and Lidoderm patches. The document states to reconsider Lidoderm patches as they have been helpful. The treatment plan also states to remain off of work until SSDI.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco 10/325mg #90 is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include 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. There is no indication that the medication has improved patient's pain or functioning to a significant degree therefore Norco is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function. The MTUS goes on to state to continue opioids if the patient has returned to work and if the patient has improved functioning and pain. The documentation submitted does not support the efficacy of Norco for this patient and therefore the request for Norco 10/325mg #90 is not medically necessary.