MAXIMUS Federal Services

Case Number:	CM14-0042018		
Date Assigned:	06/30/2014	Date of Injury:	05/31/2013
Decision Date:	08/19/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/08/2014

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 Occupational 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 patient is a 43-year-old male who has submitted a claim for cervical sprain/strain and lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms associated with an industrial injury date of 05/31/2012. Medical records from 08/09/2013 to 07/30/2014 were reviewed and showed that patient complained of lower back pain graded 8/10 radiating down both lower extremities. There was complaint of neck pain (grade not specified) radiating down both upper extremities. Physical examination of the cervical spine revealed tenderness upon palpation over posterior cervical muscles. Numerous trigger points were palpable throughout the cervical paraspinal, upper trapezius, and medial scapular regions bilaterally. Cervical spine ROM was decreased. MMT and DTRs of upper extremities were 5/5 and 2+, respectively. Sensation to light touch was decreased bilaterally over C5-6 dermatomal distribution. Physical examination of the lumbar spine revealed tenderness upon palpation over the paralumbar muscles bilaterally. Numerous trigger points with taut bands were palpable throughout the lumbar paraspinal muscles. Cervical spine MRI dated 11/07/2013 revealed C4-5 and C5-6 disc protrusion. DTRs were 2+ except for ankle reflexes (1+). MMT of lower extremities were 5+ on the right leg and 4+ on the left leg. Sensation to light touch was decreased over L5-S1 dermatomal distribution, left greater than right. SLR test was positive at the sitting position at 60 degrees bilaterally. Lumbar spine MRI dated 06/23/2012 revealed L4-5 and L5-S1 neuroforaminal stenosis. EMG-NCS of the upper extremities dated 08/09/2013 revealed bilateral wrist borderline carpal tunnel syndrome. EMG-NCS of the lower extremities dated 08/09/2013 revealed bilateral L5 and S1 radiculopathy. Treatment to date has included lumbar steroid injections (11/7/2013 and 01/27/2014), 22 physical therapy visits, 36 acupuncture visits, 22 chiropractic visits and pain medications. Utilization review dated 03/28/2014 denied the request for Norco 10 two times a

day quantity 60 1 refill because there was no documentation indicating failure of first-line medications to consider the need for chronic opiate use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 2x a day #60 x1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed Norco 10/325 mg BID since 09/24/2013. There was no documentation of pain relief, functional improvement, or recent urine toxicology, which are all required for continuation of Norco use. The medical necessity for continuation of Norco use has not been established. Therefore, the request for Norco 10 2x a day #60 x1 refill is not medically necessary.