MAXIMUS Federal Services

Case Number:	CM14-0141622		
Date Assigned:	09/10/2014	Date of Injury:	09/22/2006
Decision Date:	11/10/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 41 year old female, who sustained an industrial injury on 9-22-06. The injured worker was diagnosed as having lumbar disc displacement, lumbar facet arthropathy, and lumbar radiculopathy. Medical records (4-24-14 through 6-17-14) indicated 5-7 out of 10 pain with medications and 9-10 out of 10 pain without medications. The physical exam (6-17-14 through 7-3-14) revealed "decreased" lumbar range of motion and mild tenderness and spasms in the lower lumbar paraspinals. Treatment to date has included an EMG-NCS on 7-3-14 showing evidence of a bilateral sensorimotor mixed polyneuropathy in the lower extremities, chiropractic, physical therapy, acupuncture treatments (number of sessions not documented), Ultram, and Flexeril. Current medications include Robaxin, tramadol, gabapentin and Norco (since at least 4-24-14). As of the PR2 dated 7-22-14, the injured worker reports pain in her neck, lower back, and upper and lower extremities. She rates her pain 8 out of 10 with medications and 9 out of 10 without medications. Objective findings include "moderate to severely limited" cervical and lumbar range of motion and "decreased" strength in the bilateral lower extremities. The treating physician requested Norco 7.5-325mg #90. On 8-4-14 the treating physician requested a Utilization Review for Norco 7.5-325mg #90. The Utilization Review dated 8-8-14, non-certified the request for Norco 7.5-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records (through 8-25-15) have included documentation of the pain with (7-8/10) and without (9-10/10) medication, no significant adverse effects, pain contract on file, history of urine drug testing, CURES reporting, subjective functional improvement, performance of necessary activities of daily living, and other first-line pain medications (gabapentin). The notes state do state that she has improved on her medications and has had sustained functional improvement and documentation. The injured worker should continue appropriate follow up with weaning of opioids routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for Norco 7.5-325mg #90 is medically necessary and appropriate for ongoing pain management.