

Case Number:	CM14-0200268		
Date Assigned:	12/10/2014	Date of Injury:	11/08/2011
Decision Date:	12/08/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/01/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male who sustained an industrial injury on 11-08-2011. Medical records indicate he has been treated for cervical radiculopathy, multiple herniated nucleus pulposus of the lumbar spine, multiple herniated nucleus pulposus of the cervical spine, lumbar facet arthropathy, L4-5 lumbar grade I degenerative spondylolisthesis. In the provider notes of 10-06-2014, the worker presented for follow-up of his neck and low back pain. He complains of pain and numbness in the legs left greater than right. He had not experienced these symptoms for the preceding three months. He describes his pain as aching and stabbing in the upper back which he rates a 3 on a scale of 0-10 on the pain scale. He reports numbness in the bilateral arms with greater numbness in the right arm. Pain is made worse with household chores and lifting. He reports stabbing pain in the low back rated a 5 on a scale of 0-10. His pain is increased with lifting items greater than five pounds or with repetitive lifting. He states bending and walking exacerbate his pain and resting typically helps alleviate his pain. His current medications include Norco, Ibuprofen, Tramadol, Elavil, and Lidoderm. He reports his medication helps reduce pain, increase his activity level and improve his sleep. He rates his pain as a 7 on a scale of 0-10 without pain medication reducing to a 4 on a scale of 10 with Norco. Objectively, the worker has tenderness to palpation over the bilateral cervical facet joints and has bilateral cervical facet joint loading. He has diminished sensation to light touch and to pinprick in the dermatomal distribution of C5 through C7 bilaterally. In the low back, there is tenderness to palpation over the bilateral lumbar facets with positive facet loading bilaterally. Straight leg raise is positive bilaterally at 60 degrees on the left and 80 degrees on the right. Motor and

sensation is intact in the lower extremities. Review of his lumbar MRI (04-14-2014) shows degenerative disc disease L3-4 and degenerative spondylolisthesis with degenerative disc disease and facet disease L4-5, stable since prior exam. The treatment plan is for an electromyogram-nerve conduction velocity of the bilateral lower extremities and a refill of Norco, Tramadol ER, Ibuprofen, and Elavil. Risks, benefits and potential complications of the medications were discussed with the worker and he stated understanding. He had a UDS of 09-08-2014. The worker status is for modified work if available. A request for authorization was submitted for Norco 10/325mg #90. A utilization review decision 11-11-2014 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM's Occupational Medicine Practice Guidelines, Second Edition, Chapter 6, Pain, Suffering and the Restoration of Function Preventing and Managing Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities or decreased in medical utilization. There is no evidence presented of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing of opioid and use of overall medication profile with persistent severe pain for this chronic 2011 injury without acute flare, new injury, or progressive neurological deterioration. There is also no indication to prescribe two concurrent short-acting opiate without functional benefit demonstrated. The Norco 10/325mg #90 is not medically necessary and appropriate.