

Case Number:	CM14-0204941		
Date Assigned:	12/17/2014	Date of Injury:	10/16/2011
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old patient with date of injury of 10/19/2011. Medical records indicate the patient is undergoing treatment for post laminectomy syndrome L4-L5 and L5-S1. Subjective complaints include low back pain, rated 10/10, neck pain rated 8/10, hip pain rated 9/10 and bilateral shoulder pain rated 7/10. Objective findings include loss of range of motion of lumbar spine, weakness bilateral lower extremity, chronic pain and discomfort and antalgic gait. Treatment has consisted of Norco, Soma, Motrin, Gabapentin and Tramadol. The utilization review determination was rendered on 11/25/2014 recommending non-certification of Norco 10/325 mg, sixty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic); Low Back - Lumbar & Thoracic (Acute & Chronic); Shoulder; Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, hip and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since in excess of the recommended 2-week limit. Previous reviewer has modified request for weaning. As such, the question for Norco 10/325 mg, sixty count is not medically necessary.