

Case Number:	CM14-0206251		
Date Assigned:	12/18/2014	Date of Injury:	07/26/2013
Decision Date:	02/06/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/09/2014

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 Internal 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 injured worker (IW) is a 65-year-old man with a date of injury of July 26, 2013. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spine mild ligamentous injury with bilateral upper extremity radicular symptoms; bilateral shoulder impingement syndrome with partial right rotator cuff tear with arthroscopy 2012; lumbar spine ligamentous injury with bilateral radicular symptoms; chronic bilateral thumb and wrist arthritis and plantar fasciitis; and medication induced gastritis. Pursuant to the progress note dated October 22, 2014, the IW complains of increased pain since last visit on September 23, 2014. The pain is in the low back with radicular symptoms into both lower extremities. His current pain is rated 8/10. He recently had an MRI of the lumbar spine dated June 24, 2014, which revealed multilevel disc disease; at its worse is a 6.3 mm disc bulge at L4-L5. Recent EMG confirmed positive acute right L5 radiculopathy. Objectively, there is tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital region. There are multiple trigger points and taut bands palpated throughout. Neurologic exam was normal. Upper extremity motor testing was 5/5 in all planes. Lumbar spine exam reveals tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. Lower extremity motor testing is 5/5 in all planes. Current medication include Norco 10/325mg, Anaprox DS 550mg, Doral 15mg, and Prilosec 20mg. The IW has been taking Norco 10/325mg since December 2013 according to a progress note with the same date. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Norco. There was been no change in the dosage. The current request is for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 65 years old with a date of injury July 26, 2013. The injured worker's working diagnoses are cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms; bilateral shoulder impingement syndrome with partial right rotator cuff tear with arthroscopy 2012; lumbar spine myoligamentous injury with bilateral radicular symptoms; chronic bilateral thumb and wrist arthritis and plantar fasciitis; and medication induced gastritis. The documentation in the medical record indicates the injured worker has been using Norco since December 13, 2013. There are no detailed pain assessments in the medical record. There is no attempt at titrating or weaning the patient off of Norco. There is no risk assessment and medical record your order in a urine drug tests compatible with inconsistent or consistent results. There is no documentation evidencing objective functional improvement since starting Norco in 2013. Consequently, absent the appropriate clinical documentation with objective functional improvement and risk assessments, Norco 10/325 mg FX 60 is not medically necessary.