

Case Number:	CM14-0206381		
Date Assigned:	12/18/2014	Date of Injury:	04/14/2011
Decision Date:	02/06/2015	UR Denial Date:	11/14/2014
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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in New Jersey. 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 worker is a 33 year old female who was injured on 4/14/2011. She was diagnosed with cervical disc herniation with radiculopathy, cervical facet joint syndrome, lumbar herniated discs, lumbar spinal stenosis, lumbar radiculopathy, and lumbar facet hypertrophy. She was treated with injections, physical therapy, and medications, including Norco. On 10/27/14, the worker was seen by her primary treating physician reporting lumbosacral pain with right leg radiculopathy to her foot rated 7/10 on the pain scale and cervical spine pain with right arm radiation of pain rated 7/10 on the pain scale, which was the same as her last appointment. She was then recommended to continue her medications, which included Norco, Lidocaine, Ambien, and Robaxin, and was requested to add on omeprazole and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence found in the documents provided for review that this full review was completed by the provider at the time of this request for renewal of Norco. In particular, there was no report included which discussed the measurable functional improvements directly related to Norco use, which is required for the reviewer to consider it for continuation. Therefore, the Norco will be considered medically unnecessary to continue at this time until additional evidence for functional benefit is presented. Weaning may be necessary.