

Case Number:	CM15-0102036		
Date Assigned:	06/04/2015	Date of Injury:	11/09/2010
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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, Pain Management

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 49 year old male, who sustained an industrial injury on 11/9/10. He reported severe neck and back pain following an injury while lifting a heavy pallet. The injured worker was diagnosed as having long term use of medications, sprain/strain of lumbar region, sprains and strains of neck and pin in joint of lower leg. Treatment to date has included oral medications including opioids, activity restrictions, radiofrequency injections and cervical epidural steroid injections. (MRI) magnetic resonance imaging of lumbar spine performed on 7/26/12 revealed mild degenerative changes at L4-5 and L5-S1 with mild L4-5 spinal canal stenosis and cervical spine (MRI) magnetic resonance imaging performed on 7/26/12 revealed C2-3 moderate spinal canal stenosis with moderate cord effacement and milder degenerative changes at the remaining cervical levels. Currently, the injured worker complains of low back pain and neck pain. He is currently working with restrictions. Physical exam noted spasm and guarding in lumbar spine. A request for authorization was submitted for Orphenadrine-Norflex, Viagra, Norco and Nexium.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.