MAXIMUS Federal Services

Case Number:	CM15-0103368		
Date Assigned:	06/05/2015	Date of Injury:	02/09/2013
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 31-year-old male, who sustained an industrial injury on 2/9/2013. He reported low back, and neck pain. The injured worker was diagnosed as having chronic low back pain, right lower extremity neuralgia, gait derangement, complex regional pain syndrome, and depressive mood. Treatment to date has included medications and urine drug screening. The request is for Norco. On 1/5/2015, he complained of spasms on the right side of his neck, chronic low back pain. He indicated he has tingling in the right upper extremity, leg pain, neuralgia in the bilateral thighs, and a tingling feeling in his testicle area. He reported having to lay down for rest, experiencing panic attacks, heart pumping, and erection problems. He indicated that compound creams have helped improve the burning pain. He is noted to have had an abnormal electromyogram. He rated his pain to be 9/10. The treatment plan included: urine drug screening, lumbar support brace, TENS, compound creams, Norco, and Skelaxin. On 3/23/2015, He complained of back pain he rated 7/10, and is worsened since his last visit. He indicated on average his worst pain is 9/10, and average overall pain 7/10. He has a positive straight leg raise test bilaterally. The treatment plan included: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured in 2013. There is low back and neck pain. Back pain has worsened despite the treatment regimen. Objective functional improvement out of the regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore, the requested treatment is not medically necessary.