

Case Number:	CM15-0103822		
Date Assigned:	06/08/2015	Date of Injury:	01/17/2002
Decision Date:	07/14/2015	UR Denial Date:	04/25/2015
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, Illinois

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 70 year old female who sustained an industrial injury on 01/17/2002. Current diagnoses include cervical spondylosis without myelopathy and other unspecified disc disorder of the lumbar region. Previous treatments included medications, cervical surgery, and trigger point injections. Previous diagnostic studies include a cervical and lumbar MRI, CT scan of the cervical spine, discogram, urine toxicology screenings, and cervical x-rays. Report dated 04/13/2015 noted that the injured worker presented with complaints that included increased pain in the neck and back. It was noted that the pain is worse without Norco and activities of daily living are decreased also. Pain level was not included. Physical examination was positive for guarding and tenderness in the cervical and lumbar spine. The treatment plan included prescriptions for Norco and Ambien. Disputed treatments include Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-88.

Decision rationale: The injured worker sustained a work related injury on 01/17/2002. Current diagnoses include cervical spondylosis without myelopathy and other unspecified disc disorder of the lumbar region. Previous treatments included medications, cervical surgery, and trigger point injections. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predates 11/2014, but there is no evidence the pain and functional improvements are being compared with baseline values, as is recommended by the MTUS for those that have used opioids for more than 6 months. The medical reports indicate she has continued to need other medications. The request is not medically necessary.