

Case Number:	CM15-0105934		
Date Assigned:	06/10/2015	Date of Injury:	07/24/2013
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/02/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 7/24/13. The diagnoses have included cervical strain, cervical disc herniation, left upper extremity radicular pain and possible left radiculopathy, acute lumbar strain and nasal fracture with residual deviated septum and breathing issues. Treatment to date has included medications, physical therapy, knee braces, activity modifications, chiropractic and transcutaneous electrical nerve stimulation (TENS). Currently, as per the physician progress note dated 4/23/15, the injured worker complains of cervical spine, thoracic spine, lumbar spine, bilateral shoulder pain as well as issues related to the nose and face. The cervical spine pain is rated 7/10 on pain scale with radiation into the thoracic spine. The thoracic spine pain and bilateral shoulder pain is rated 7/10 on pain scale and the medications decrease the pain from 7-8/10 to 5-6/10. The objective findings reveal that the exam of the cervical and thoracolumbar spine reveals tenderness over the midline. There was tenderness and hypertonicity over the paraspinal musculature. There was asymmetric loss of range of motion of the cervical and lumbar spines and the gait was slow. It is noted that she is awaiting authorization for pain management for the cervical and lumbar spine and she will continue with medications. Work status is modified with restricted duties. The injured worker is not working. The current medications included Norco, Soma, and Lidoderm patch. There is no previous urine drug screen noted in the records. The physician requested treatment included Norco 10/325mg #90.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. 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 10/325mg #90 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 ongoing 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical strain; cervical disc herniation; left upper extremity radicular pain and possible left C7 radiculopathy; acute lumbar strain; and nasal fracture with residual deviated septum and breathing issues. The earliest progress note in the medical record with a prescription for Norco 10/325mg is November 24, 2014. The injured worker takes 4-5 tablets per day. Additional medications include Soma and Lidoderm patches. Urine drug screen was discussed, but there were no results in the medical record. Most recent progress note in the medical record dated April 23, 2015 shows a similar pain score to the November 2014 progress note 5-6/10. Subjectively, youth worker had multiple complaints including neck pain, thoracic, lumbar, bilateral shoulders in addition to gastrointestinal issues. Objectively, there was tenderness palpation over the lumbar paraspinal muscle groups and decreased range of motion. Urine drug toxicology screen was discussed, but there were no results in the medical record. There was no risk assessment and medical record. There were no detailed pain assessments with ongoing, long-term opiate use in the medical record. There is no documentation of objective functional improvement with an increase in ADLs. There is no documentation of attempted weaning or tapering of Norco 10/325mg. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Norco 10/325 mg, risk assessments, detailed pain assessments and an attempt to wean or taper ongoing opiate use, Norco 10/325mg #90 is not medically necessary.