

Case Number:	CM15-0010054		
Date Assigned:	01/27/2015	Date of Injury:	06/03/2009
Decision Date:	04/21/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 62 year old male, who sustained an industrial injury on 6/3/2009. On 1/16/15, the injured worker submitted an application for IMR for review of Norco 10/325mg qid prn #120 for the purpose of weaning to discontinue over a period of 2-3 months. The treating provider has reported the injured worker complained of neck, upper back and bilateral shoulder pain that radiates to both arms. Also, the injured worker complains of low back pain with radiation to bilateral legs associated with numbness and tingling of bilateral hands and feet with weakness in the hands. The pain is constant in frequency and severe in intensity, worsening since injury. The diagnoses have included displacement of cervical and lumbar intervertebral disc without myelopathy, disorders of bursae and tendons in shoulder region and internal derangement of knee. Treatment to date has included Cervical MRI (6/21/14), psychological evaluation, and orthopedic consultation. On 12/23/14 Utilization Review non-certified Norco 10/325mg qid prn #120 for the purpose of weaning to discontinue over a period of 2-3 months. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qid prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, NSAIDs and tramadol. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 5/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for norco is not medically necessary.