

Case Number:	CM15-0014691		
Date Assigned:	02/02/2015	Date of Injury:	04/14/2003
Decision Date:	04/15/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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

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 61 year old male who sustained an industrial injury to his neck, lower back, bilateral shoulders and bilateral hands/wrist when he fell about 4 feet from a truck on April 14, 2003. The injured worker underwent on right shoulder surgery in 2003 and February 2012, right carpal tunnel release (February 2005), left carpal tunnel release (September 2005), left shoulder rotator cuff repair surgery in 2007, and lumbar surgery in 2010 and lumbar fusion in 2012. According to the primary treating physician's progress report on December 30, 2104 the injured worker continues to experience lower back pain with tenderness and painful range of motion. The injured worker was diagnosed with post lumbar laminectomy syndrome and lumbar radiculopathy. Recent treatment consisted of caudal epidural steroid injection (ESI) on April 4, 2014. Norco is the only medication listed. The treating physician requested authorization for one prescription of Norco 10/325mg, #90. On January 16, 2015 the Utilization Review modified the certification for Norco 10/325mg, #90 to Norco 10/325mg, #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.