

Case Number:	CM15-0140521		
Date Assigned:	07/30/2015	Date of Injury:	10/06/2006
Decision Date:	08/27/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/20/2015

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

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:

October 6, 2006. The injury was sustained when the injured worker was struck in the thoracic spine by concrete coming out of a pump hose. The injured worker previously received the following treatments Vicodin, Flexeril, Motrin, cervical spine x-rays, cervical spine MRI which showed mild disc bulge at C3-C4, right cervical 7 and 8 medial branch block (C7-T1 facet block), myelogram cervical spine, cervical spine CT scan, lumbar spine MRI, right lumbar sympathetic block, right lumbar 5 and sacral 1 transforaminal epidural injection, right cervical 7 and 8 medial branch blocks (C7-T1 facet block), radioablations, C6-C7 anterior cervical discectomy with an artificial disk, acupuncture and function capacity evaluation. The injured worker was diagnosed with cervical herniation, cervical degeneration, stenosis, spondylo-
listhesis, cervical radiculopathy, lumbar disc herniation, lumbar disc degeneration, chronic low back pain and radiculopathy. According to progress note of May 4, 2015, the injured worker's chief complaint was neck and low back pain. The neck pain and back pain were very strong with numbness in the left arm and shooting pain in the right leg. The injured worker rated the pain at 8 out of 10. The pain was described as shooting, stabbing, continuous in the cervical and lumbar regions. The physical exam noted the injured worker walked with an antalgic with the use of a cane. The cervical range of motion was limited. The lumbar spine range of motion was limited, also. The motor exam was grossly intact. The treatment plan included a prescription for Norco.

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 Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for some time without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is determined to not be medically necessary.