

Case Number:	CM15-0143759		
Date Assigned:	08/05/2015	Date of Injury:	11/01/1999
Decision Date:	09/18/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/24/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54-year-old female, who sustained an industrial injury on November 1, 1999. The mechanism of injury was not found in the medical records. The injured worker has been treated for neck and low back complaints. The diagnoses have included cervical spine depressive disorder with radiculopathy, lumbar spine degenerative disc disease with radiculopathy, cervical stenosis, lumbar stenosis, and chronic pain syndrome, multilevel disc herniations of the cervical and lumbar spine and lumbar spine surgery in 2005. Treatment and evaluation to date has included medications, radiological studies, MRI, chiropractic treatments, acupuncture treatments, epidural steroid injections and physical therapy. Current medications included Ultracet, Elavil, Temazepam and Norco. The Norco was noted to provide 70 % relief of the pain for 3-4 hours. The injured worker last worked on September 3, 2013. The injured worker was deemed permanent and stationary. Current documentation dated June 3, 2015 notes that the injured worker reported increased symptoms since the prior visit. The injured worker noted constant neck pain with radiation to the left side of the face and down the bilateral upper extremities, with associated numbness and tingling into the fingertips. The pain was rated a 10 out of 10 on the visual analogue scale. The injured worker also noted left-sided jaw pain, headaches and low back pain. The low back pain was noted to be intermittent, sharp and worse on the right side. The pain radiated down the bilateral lower extremities worse in the left leg, with associated intermittent numbness into the bilateral lower extremities to the toes. Examination of the lumbar spine revealed tenderness to palpation, guarding and a limited range of motion. Sensation was noted to be diminished in the bilateral cervical-five and right cervical-

six dermatomes. The injured worker also had diminished sensation in the bilateral lumbar-four, lumbar-five and sacral-one dermatomes. A straight leg raise test was positive on the left and a slump test was positive bilaterally. The treating physician's plan of care included a request for Norco 10-325 mg # 120.

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 When to discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 54 year old female has complained of low back pain and neck pain since date of injury 11/1/1999. She has been treated with surgery, chiropractic therapy, epidural steroid injections, acupuncture, physical therapy and medications to include opioids for at least 2 months duration. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.