

Case Number:	CM15-0162660		
Date Assigned:	08/28/2015	Date of Injury:	09/23/2013
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/19/2015

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: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old woman sustained an industrial injury on 9-23-2013. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 7-31-2014 and thoracic spine MRI dated 7-31-2014. Diagnoses include cervical radiculopathy, lumbar radiculopathy, cervical spine disc herniations with stenosis, thoracic spine disc herniations, and lumbar spine disc herniations with neural foraminal narrowing. Treatment has included oral medications, surgical intervention, psychiatric care, physical therapy, elbow brace, and use of a cane. Physician notes dated 7-2-2015 show complaints of neck pain with radiation to the left shoulder and upper arm with numbness and weakness in the bilateral hands and low back pain rated 5-8 out of 10 with radiation to the bilateral legs with weakness in the bilateral legs and falls and trouble sleeping. Recommendations include pain psychologist consultation, additional physical therapy, Norco, urology or internal medicine consultation, lumbar spine MRI, orthopedic follow up, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long term use of opioids is not supported by the MTUS guidelines due to the development of habituation and tolerance. Per the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The injured worker underwent surgical intervention in February 2015 and by now should have been weaned from the continued utilization of opioids. The long term use of opioids for chronic non-malignant pain is not supported. The request for Norco 10/325 mg #60 is not medically necessary and appropriate.

Follow up visit in 4 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Office Visits.

Decision rationale: According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the injured worker is followed for multiple diagnoses and the request for follow up is supported. The request for Follow up visit in 4 weeks is medically necessary and appropriate.