

Case Number:	CM15-0166221		
Date Assigned:	09/03/2015	Date of Injury:	03/15/2010
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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: California
 Certification(s)/Specialty: Emergency 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 47 year old male who sustained an industrial injury on 3-15-10. He had complaints of neck and back pain. Treatments include: medication, physical therapy, acupuncture, injections and surgery. Progress report dated 8-4-15 reports continued complaints of persistent headaches and neck pain with numbness and tingling extending into the arms. He also has complaints of severe lower back pain with radiation to the lower extremities, right side greater than the left. The pain is rated 10 out of 10 without medications and 7 out of 10 with medications. Diagnoses include: intervertebral lumbar and cervical disc D/O with myelopathy, cervicalgia, post laminectomy syndrome cervical region, degenerative lumbar lumbosacral intervertebral dis, brachial neuritis or radiculitis, thoracic lumbosacral neuritis radiculitis, degeneration of the cervical intervertebral disc, obesity, acute reactions to stress and opioid dependence. Plan of care includes: discussed safe medication use, request updated cervical MRI, continue home exercise program, moist heat, stretches, strengthening, and regular aerobic activities as tolerated, request and renew medications; roxicodone, norco and soma, request psychiatric consultation, request sleep study, request spinal cord stimulator trial, schedule and proceed with caudal epidural steroid injection, request pharmacogenetic testing, request trial of Oxycontin and await surgical second opinion. Work status: per primary treating physician. Follow up on 9-1-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg q 4 hrs (max 6/day) #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe lower back pain with radiation to the lower extremities, right side greater than the left. The pain is rated 10 out of 10 without medications and 7 out of 10 with medications. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, the requested Norco 10/325mg q 4 hrs (max 6/day) #180 is not medically necessary.