

Case Number:	CM15-0169993		
Date Assigned:	09/10/2015	Date of Injury:	04/06/2001
Decision Date:	10/08/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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 57 year old male who sustained an industrial injury on 4-6-01 when he was hit in the head and back with a backhoe causing loss of consciousness. Diagnoses include status post anterior cervical decompression and fusion (11-29-12); status post decompression and cervical fusion at C5 to 7; moderate disc degeneration at L4-5 and moderate central canal foraminal stenosis; post concussive syndrome; chronic pain syndrome; bilateral carpal tunnel syndrome; status post left carpal tunnel release. He currently complains of neck and back pain and medications improve his pain level (8-3-15). In the physical therapy note dated 5-29-15, his pain level was noted as 2 out of 10 down from 9 out of 10 per 2-6-15 note. His pain is increased with activity. On physical exam of the cervical spine, there was tenderness to palpation with evidence of muscle spasms, decreased, painful range of motion. Treatments included physical therapy; surgeries; failed cervical spinal cord stimulator; medications: Ambien, Norco, Colace, Flexeril, and Celebrex. From the documents available for review, he has been on Norco 10-325mg #120 with no refills since 1-28-15. In the progress note dated 8-3-15, the treating provider's plan of care included a request for Norco 10-325 mg #120 with no refills. The request for authorization dated 8-3-15 requested Norco 10-325mg #120 with no refills. Utilization review dated 8-19-15 non-certified the request for Norco 10-325mg #120 with no refills based on no documentation of quantifiable pain or functional improvement from baseline and no attempt to control the injured workers condition with non-opioid medication only. Weaning was supposed to be initiated 12-23-13.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #120 is not medically necessary. 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 neck and back pain and medications improve his pain level (8-3-15). In the physical therapy note dated 5-29-15, his pain level was noted as 2 out of 10 down from 9 out of 10 per 2-6-15 note. His pain is increased with activity. On physical exam of the cervical spine, there was tenderness to palpation with evidence of muscle spasms, decreased, painful range of motion. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living, 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, Norco 10/325mg #120 is not medically necessary.