

Case Number:	CM15-0180872		
Date Assigned:	09/22/2015	Date of Injury:	01/19/2012
Decision Date:	10/28/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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: New Jersey

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:

The injured worker is a 65 year old male who sustained an industrial injury on 01-19-2012. The injured worker was diagnosed with chronic myofascial sprain and strain of the cervical spine, multi-level degenerative disc disease, cervical radiculopathy and right carpal tunnel syndrome. According to the treating physician's progress report on August 26, 2015, the injured worker continues to experience pain in the neck, bilateral shoulder, right hand and lower back rated at 9 out of 10 without medications and 6-7 out of 10 on the pain scale with medications. Examination of the cervical spine demonstrated normal lordosis with tenderness to palpation over the cervical spine and paraspinal muscles with minimal spasm and stiffness. Range of motion is painful and within normal limits. Spurling's and Adson's tests were negative. There was tenderness in the thoracic and lumbosacral spine without spasm. Range of motion was within normal limits but painful with negative sitting and straight leg raise bilaterally. Fabere-Patrick, extension and Gaenslen's tests were negative. No new changes were noted on the right wrist. Current medications were listed as Norco and Ibuprofen. The injured worker has been on Norco 10mg-325mg for at least 9 months according to the review. A urine drug screening was performed at the office visit of August 26, 2015. Prior treatments included multiple diagnostic testing, physical therapy, chiropractic therapy, acupuncture therapy, home exercise program and medications. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of continuing medication regimen and samples of Anusol, remain on modified duty with restrictions and the current request for Norco 10mg-325mg #30. On 09-04-2015, the Utilization Review determined the request for Norco 10mg-325mg #30 was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: 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, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation presented for review, which showed evidence that this full review was completed recently, which would be required before approval for Norco could be justified. In particular, there was no mention of functional gains directly and independently related to Norco. Therefore, the Norco will be considered medically unnecessary at this time.