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| Case Number: | CM15-0184167 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 05/01/2008 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Preventive Medicine, Occupational 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 44 year old male who sustained an industrial injury on 05-01-2008 when he slipped and fell 20 feet. The injured worker was diagnosed with chronic pain, lumbar degenerative disc disease, and lumbar disc displacement with radiculopathy, reactive depression and anxiety. The injured worker is status post left sacroiliac joint and pubic symphysis stabilization on 05-01-2008, open reduction internal fixation of the left distal radius fracture, left ulnar fracture and left proximal humerus fracture on 05-02-2008, removal of wrist spanning plate in 08-01-2008 and sacroiliac joint screws removal. According to the treating physician's progress report on 08-11-2015, the injured worker continues to experience lower back pain and stiffness with radiation to the left leg rated as 7 out of 10 on the pain scale, bilateral neck pain rated 2-3 out of 10, left shoulder pain with decreased range of motion rated at 5 out of 10, left elbow, hand a wrist pain with weakness and numbness rated at 3 out of 10 on the pain scale. Examination of the left upper extremity noted limited range of motion at the shoulder with abduction to 100 degrees with a sharp increase in pain. The lumbosacral examination demonstrated tenderness bilaterally with positive bilateral pelvic thrust, positive Gaenslen's maneuver, positive Fabere maneuver left worse than right, positive pelvic rock maneuver bilaterally and positive stork test. Prior treatments included diagnostic testing with recent lumbar magnetic resonance imaging (MRI) in January 2015, surgery, physical therapy, Butrans patch, methadone and lumbar epidural steroid injections. Current medication was listed as Norco 5mg-325mg 3 times a day (since March 2015). Treatment plan consists of a lumbar epidural steroid injection, follow-up appointment with orthopedic surgeon; remain on temporary total disability

(TTD) and on 08-11-2015 the provider requested authorization for increase in Norco 5mg-325mg, 1 tab 5 times a day, #150. On 08-19-2015 the Utilization Review determined the request for Norco 5mg-325mg, 1 tab 5 times a day, #150 was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1 tab 5 times a day, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version).

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco since at least March 2015 without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 5/325mg, 1 tab 5 times a day, #150 is not medically necessary.