MAXIMUS Federal Services

Case Number:	CM15-0184587		
Date Assigned:	09/25/2015	Date of Injury:	11/04/2013
Decision Date:	11/02/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/21/2015

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 York, West Virginia, Pennsylvania
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 November 4, 2013. Medical records indicate that the injured worker is undergoing treatment for chronic pain, cervical discopathy and radiculopathy, lumbar discopathy and radiculopathy, thoracic sprain-strain, bilateral knee internal derangement, migraine headaches, anxiety and depression. The injured workers current work status was not noted. On (8-12-15) the injured worker complained of neck pain with associated numbness and tingling, lumbar spine pain with associated numbness and tingling of the bilateral lower extremities and bilateral knee pain with associated numbness and tingling. Examination of the cervical spine revealed tenderness to palpation and spasm over the bilateral trapezii and cervical paravertebral muscles. Range of motion was decreased. The pain was rated 7-8 out of 10 with medication. A Spurling's test was positive. Lumbar spine examination revealed tenderness to palpation over the bilateral sacroiliac joints and lumbar paravertebral muscles. Spasms were noted over the bilateral gluteus and lumbar paravertebral muscles. A sitting straight leg raise test was positive. The pain was rated 9.5 out of 10 with medication. Bilateral knee examination revealed tenderness to palpation and spasm over the anterior, medial and posterior knees. A McMurray's test was positive bilaterally. Flexion was decreased bilaterally. The bilateral knee pain was rated 9 out of 10 with medication. Subsequent progress reports (7-8-15, 6-10-15 and 5-13-15) indicate that the injured workers pain levels remained consistent at 8-9 out of 10. Treatment and evaluation to date has included medications, function capacity evaluation and a toxicology screen. Current medications include Norco (since at least March of 2015), Prilosec and Fioricet. Current requested treatments include Norco 10-325 mg # 60. The Utilization Review documentation dated 8-24-15 non-certified the request for Norco 10-325 mg # 60.

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 Chronic Pain Medical Treatment 2009.

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

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco 10/325 mg #60 is not medically necessary.