

Case Number:	CM15-0187988		
Date Assigned:	09/29/2015	Date of Injury:	05/06/2005
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/24/2015

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: Physical Medicine & Rehabilitation

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 59 year old male who sustained an industrial injury on 5-6-05. Diagnoses are noted as lumbar strain with bilateral lumbar radiculitis right greater than left, cervical strain right greater than left with intermittent radicular symptoms, bilateral shoulder pain right greater than left, bilateral knee pain, secondary depression and anxiety due to chronic pain from above diagnoses, red blood streaked stools; probably due to constipation from pain medication, and stomach upset- more of intermittent gastroesophageal-gas-belching symptoms related to pain medication. Previous treatment includes medication- (including Norco-at least since 5-2015 per records), chiropractic treatment, psychological evaluation, and physical therapy. In a consultant's progress report and request for authorization dated 8-6-15 (exam dated 8-5-15), the physician notes lumbar spine discomfort, bilateral shoulder discomfort right greater than left, and cervical spine discomfort is rated as 6 out of 10 with a decrease to 2 out of 10 with medications. Back pain is reported to radiate to the posterolateral thigh and calf at times and is worse with prolonged sitting. Neck pain radiates to both shoulders, upper arm-forearm area more on the right than left. (Pain noted on 5-1-15 is lumbar spine at 5 out of 10, bilateral shoulders at 6 out of 10 and cervical spine rated 4 out of 10). The physical exam reveals his mood and affect are mildly depressed, gait is normal, palpation of paracervical and paralumbar muscles show mild spasm more right than left, Spurling's is negative, and straight leg raise is positive on the right at 70 degrees and on the left at 80 degrees producing pain. Mild tenderness to palpation of the peripatellar region of both knees and bilateral tenderness of the acromioclavicular region is noted with a mildly positive impingement sign on the right. The request for authorization

recommendations is continue Norco 5-325mg every 8 hours as needed for pain to total of #60 per month as he takes no more than 2 per day, Neurontin 600mg #60, Omeprazole 20mg #60, Flexeril #60, Zoloft #60, and discontinue Naproxen due to red streaks in stool. The requested treatment of Norco 5-325mg #60 was modified to Norco 5-325mg #54 on 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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, Opioids for chronic pain.

Decision rationale: Review indicates the request for Norco was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 5/325mg #60 is not medically necessary and appropriate.