

Case Number:	CM15-0189042		
Date Assigned:	10/01/2015	Date of Injury:	10/15/2003
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54-year-old male, with a reported date of injury of 10-15-2003. The diagnoses include persistent right shoulder pain, status post right shoulder arthroscopy, chronic cervical pain and lumbar degenerative disc disease with definite right L5 radiculopathy and questionable right upper limb radiculopathy, and mild right carpal tunnel syndrome. Treatments and evaluation to date have included Norco (since at least 10-2014), Relafen, Zanaflex, Gralise, Prilosec, Cymbalta, Gabapentin, Neurontin, psychotherapy, Naproxen, and Vicodin. The diagnostic studies to date have included a urine drug screen on 06-24-2015 with inconsistent results for Oxazepam; an MRI of the cervical spine on 06-15-2015 which showed mild right-sided neural foraminal narrowing at C3-4 and right paracentral disk protrusion at C5-6 contacting the right hemicord; and an MRI of the lumbar spine on 06-15-2015 which showed L5-S1 disc protrusion contacting the traversing right S1 nerve root, mild facet arthrosis and ligamentum flavum thickening; and L4-5 small disc protrusion contacting the traversing L5 nerve roots in the lateral recesses bilaterally. The progress report dated 08-26-2015 indicates that the injured worker presented with ongoing neck, shoulder, and low back pain. It was noted that he struggled with the two Norco tablets a day. The injured worker had a lot of breakthrough pain especially at night. With medications, the injured worker rated his pain 4 out of 10, and 9 out of 10 without medications. On 07-29-2015, the injured worker stated that without medication, the injured worker's pain could get as high as 8 out of 10; with Norco, the pain dropped down to 4 out of 10. The objective findings (08-26-2015) were noted as "no significant change". The

objective findings (07-29-2015) includes tenderness over the cervical and lumbar paraspinal musculature; numbness down the right leg that was increased with the straight leg raise in the seated position; and pain down the posterior thigh and posterior lateral calf and in the L5 and S1 distributions. The treatment plan included an increase of Norco 10-325mg #90 a month, 2-3 tablets a day. The injured worker was currently working, and his condition was noted as permanent and stationary. The request for authorization was dated 09-03-2015. The treating physician requested Norco 10-325mg #90 (dispensed 08-26-2015). On 09-14-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #90 (dispensed 08-26-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 #90 (dispensed in office 8/26/15): Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, and improved quality of life. As such, the request for Retrospective Norco 10/325 #90 (dispensed in office 8/26/15) is medically necessary.