

Case Number:	CM15-0196296		
Date Assigned:	10/09/2015	Date of Injury:	12/27/2013
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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: North Carolina
 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 61 year old male with an industrial injury date of 12-27-2013. Medical record review indicates he is being treated for lumbar herniated nucleus pulposus with right lower extremity radiculopathy, right shoulder impingement syndrome, bilateral lateral epicondylitis, reactionary depression-anxiety and medication induced gastritis. Subjective complaints (07-29-2015) included low back pain radiating to right lower extremity aggravated by bending, twisting and turning. He rated his pain as 7 out of 10. "The patient's right sided radicular symptoms have been progressively getting worse." The injured worker was receiving aqua therapy, which has been beneficial in improving his range of motion and strength. The treating physician indicates the injured worker remained on Norco 10-325 mg 2-3 tablets per day with 40-50% pain relief lasting "a good three to four hours" after he takes Norco. "The patient adamantly reports that the Norco helps him function throughout the day and achieve the daily activities that he needs to do." Current (07-29-2015) medications included Norco, Anaprox, Prilosec and Flexeril. The urine drug screen report (07-30-2014) documented Hydrocodone as a prescribed medication. Prior treatment included 12 sessions of aqua physiotherapy, trigger point injections and medications. Objective findings (07-29-2015) included tenderness of the posterior lumbar musculature bilaterally with increased muscle rigidity. There were "numerous" trigger points that were palpable and tender throughout the lumbar paraspinal muscles. Range of motion was decreased with obvious muscle guarding. Review of medical records indicates a urine drug screen dated 07-30-2014 with the following report: Zolpidem is reported as prescribed and was not detected in this sample. Hydrocodone is reported as prescribed and was not detected in this sample. Cyclobenzaprine is reported as prescribed and was detected in this sample. On 09-17-2015 the request for Norco 10-325 mg #90 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: 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 for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.