

Case Number:	CM15-0198897		
Date Assigned:	10/14/2015	Date of Injury:	10/30/1997
Decision Date:	11/23/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 63-year-old male, who sustained an industrial injury on 10-30-97. The injured worker is diagnosed with chronic pain syndrome, cervicgia, lumbar spine degenerative disc disease, muscle spasm, joint pain involving multiple sites and thoracic region back pain. Her work-disability status was not addressed. Notes dated 6-30-15 - 9-22-15 reveals the injured worker presented with complaints of constant neck and bilateral low back pain described as sharp, aching, cramping, shooting, throbbing and stabbing and is rated at 4-10 out of 10. The pain is increased by lifting, sitting, bending, physical activity, stress, standing, twisting, weather changes and walking and improved with rest, heat, medication, ice, position changes. He reports resting 25-75% of the waking day. Physical examinations dated 6-1-15 - 9-22-15 revealed decreased cervical spine range of motion, able to transfer independently and sit upright in a chair during appointment. He reports muscle weakness, cramps, joint and back pain. Treatment to date has included pain management, medications; Valium, Norco (greater than 3 years), Thermacare (greater than 3 years) and Voltaren, which reduces his pain from 9-10 out of 10 to 7-8 out of 10 and provides the ability to increase daily function per note dated 9-22-15, cane, anterior cervical decompression fusion (2002), and home exercise. A request for authorization dated 9-22-15 for Norco 10-325 mg #240 is modified to #192 and Thermacare heat wraps #5 with 4 refills is non-certified, per Utilization Review letter dated 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The request for Norco is not medically necessary or substantiated in the records.

Thermacare heat wraps #5 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: During the acute to subacute phases of injury, physicians can use passive modalities such as application of heat and cold for temporary amelioration of symptoms and to facilitate mobilization and graded exercise. In this case, there is no documentation of acute inflammation and it is not clear why the application of heat packs cannot be used instead of a thermacare heat wraps. The request for thermacare heat wraps is not medically necessary and not substantiated in the records.