

Case Number:	CM15-0199000		
Date Assigned:	10/14/2015	Date of Injury:	08/04/2010
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
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 53 year old male who sustained an industrial injury on August 04, 2010. Recent primary treating office visit dated September 03, 2015 reported subjective complaint of "constant, moderate, achy, neck pain radiating into right arm and hand with numbness, tingling and weakness." There is also complaint of "constant, severe, achy, sharp, stabbing, throbbing low back pain radiating to the right leg and groin with numbness, tingling, weakness, and spasms." In addition, he is with complaint of "frequent, mild, achy, spasm and right elbow pain, stiffness, numbness, tingling, weakness." The following diagnoses were applied to this visit: cervical radiculitis; status post-surgery, cervical spine; lumbar radiculitis; status post-surgery, lumbar spine; right elbow pain, and depression. The plan of care is with requesting recommendation for Norco, Gabapentin, right elbow brace; multi-stimulation unit; aqua relief unit and pending: orthopedic neurosurgical and psychological examinations. Primary treating March 16, 2015 reported subjective complaint of "cervical and low back pains." There is note of the patient wishing to choose another spine surgeon and proceed with intervention. He also reports "having increased sleep disruption secondary to the pain. He reports a 50% reduction with pain medications." Current medications listed: Fenoprofen, Omeprazole, Gabapentin, and Hydrocodone, Terocin patches, and Lidocaine patches. On September 03, 2015 a request was made for Norco 10mg 325mg #120 that was non-certified by Utilization Review on September 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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 medical necessity of Norco is not substantiated in the records.