

Case Number:	CM15-0204375		
Date Assigned:	10/21/2015	Date of Injury:	04/05/2011
Decision Date:	12/02/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/19/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This is a 53 year old male with a date of injury of April 5, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, gait abnormality, lumbar failed back syndrome, lumbar radiculopathy, and fibromyalgia-myositis. Medical records dated July 13, 2015 indicate that the injured worker complained of ongoing neck pain. Records (August 16, 2015) also indicate that the injured worker reported that Norco improved pain and functionality, allowing him to perform household chores and activities of daily living, and facilitated better sleep. A progress note dated September 11, 2015 documented complaints of neck pain rated at a level of 9 out of 10. Per the treating physician (June 29, 2015), the employee has not returned to work. The physical exam dated July 13, 2015 reveals pain with cervical range of motion, lumbar spine tenderness to palpation bilaterally, pain with palpation of the lumbar intervertebral spaces, palpable trigger points of the lumbar paraspinal muscles, decreased and painful range of motion of the lumbar spine, reduced motor strength in all major muscle groups of the lower extremities secondary to pain, and reduced deep tendon reflexes at the bilateral ankles. The progress note dated September 11, 2015 documented a physical examination that showed no changes since the examination performed on July 13, 2015. Treatment has included cervical spine fusion (January 27, 2015), bone stimulator, physical therapy, and medications (Norco 10-325mg since at least January of 2015). The treating physician documented (June 19, 2015) that the urine drug screen "At the last visit" showed results "Consistent with the current medications". The original utilization review (September 22, 2015) partially certified a request for Norco 10-325mg #72 (original request for #120).

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, dosing, Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.