

Case Number:	CM15-0204715		
Date Assigned:	10/21/2015	Date of Injury:	04/29/2004
Decision Date:	12/03/2015	UR Denial Date:	09/24/2015
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: 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 64-year-old male, with a reported date of injury of 04-29-2004. The diagnoses include neck sprain and strain, cervical disc degeneration, lumbar sprain and strain, degenerative lumbar disc, rotator cuff syndrome, and chronic pain syndrome. The progress report dated 09-14-2015 indicates that the injured worker complained of neck pain with radiation to the bilateral upper extremities with numbness into the hands; bilateral shoulder pain; and low back pain. The injured worker rated his neck and shoulder pain 8 out of 10. The injured worker's current pain was rated 8 out of 10; the least reported pain over the period since the last assessment was rated 5 out of 10; the average pain was rated 8 out of 10; and the intensity of pain after taking medications was rated 7 out of 10. It was noted that the pain relief lasted 4-6 hours. On 08-10-2015, the injured worker's current pain level was rated 10 out of 10; the severity of his neck pain was rated 9 out of 10; the least reported pain over the period since the last assessment was rated 5 out of 10; the average pain was rated 8 out of 10; and the intensity of pain after taking medications was rated 5 out of 10. It was noted (08-10-2015) that the pain relief lasted 6-8 hours. The objective findings (09-14-2015) include tenderness to palpation of the bilateral superior trapezius and cervical paraspinals with myospasm; decreased painful guarded range of motion; diffuse decreased sensation in the bilateral hands; and decreased, painful range of motion of the low back. It was noted that the injured worker stated that he had been relatively stable on the Norco, which was helpful for decreasing pain and allowing for increased function. It was noted that there were no adverse side effects, and there was no indication of aberrant drug taking behaviors. The treating physician indicated that the injured worker had signed a medication agreement, a recent CURES report had been reviewed,

and there was no misuse of medications. It was noted (08-10-2015) that Norco decreased the injured worker's pain from 10 out of 10 to 5 out of 10, it improved his sitting tolerance, and allowed for independent activities of daily living and home exercises. The injured worker remained permanent and stationary. The diagnostic studies to date have included a urine drug screen on 05-14-2014 which was positive for Hydrocodone and Hydromorphone. The request for authorization was dated 08-14-2015. Treatments and evaluation to date have included Norco (since at least 11-2014), Horizant, and acupuncture. The treating physician requested Norco 7.5-300mg #55. On 10-09-2015, Utilization Review (UR) non-certified the request for Norco 7.5-300mg #55.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/300mg every 8 hours 1-2 per day #55: 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: The California MTUS states: 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 documented significant improvement in VAS scores for significant periods of time with pain decreased from a 10/10 to a 5/10 There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.