

Case Number:	CM15-0205701		
Date Assigned:	10/22/2015	Date of Injury:	08/04/2011
Decision Date:	12/03/2015	UR Denial Date:	09/28/2015
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: California

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:

The injured worker is a(n) 55 year old male, who sustained an industrial injury on 8-4-11. The injured worker was diagnosed as having cervical radiculopathy, lumbar facet arthropathy, lumbar radiculopathy and chronic pain. Subjective findings (3-23-15, 4-20-15, 6-1-15 and 7-27-15) indicated neck that radiates down the bilateral upper extremities and low back pain that radiates down the bilateral lower extremities. The injured worker rates his pain 5-6 out of 10 with medications and 8-9 out of 10 without medications and has ongoing limitations in self-care, hygiene, ambulation and sleep due to pain. Objective findings (3-23-15, 4-20-15, 6-1-15 and 7-27-15) revealed tenderness to palpation in the cervical and lumbar spine, decreased lumbar range of motion and decreased sensation in the bilateral upper extremities. As of the PR2 dated 8-24-15, the injured worker reports pain in his neck that radiates down the bilateral upper extremities and low back pain that radiates down the bilateral lower extremities. He rates his pain 5 out of 10 with medications and 8 out of 10 without medications and has ongoing limitations in self-care, hygiene, ambulation and sleep due to pain. Objective findings include tenderness to palpation in the cervical and lumbar spine, decreased lumbar range of motion and decreased sensation in the bilateral upper extremities. Current medications include Ultram, Norflex and Norco (since at least 1-26-15). The urine drug screen on 4-20-15 was inconsistent with prescribed medications. Treatment to date has included trigger point injections on 7-27-15, a C6-T1 epidural injection on 2-20-15 with 50-80% improvement, Cymbalta and Abilify. The Utilization Review dated 9-28-15, non-certified the request for Norco 10-325mg #110.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #110: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use.

Decision rationale: MTUS Guidelines support the careful use of opioid medications if specific criteria are met. The Guidelines also support a combination of long and short acting opioids if necessary. These criteria include careful documentation of the amount of pain relief, length of pain relief, functional improvements and the lack of drug related aberrant behaviors. This individual meets these criteria. Up to 50% of pain is relieved for several hours, improvements in ADL functioning is well documented and there is no history of aberrant drug related behaviors. Under these circumstances, the Norco 10/325mg #110 is supported by Guidelines and is medically necessary.