

Case Number:	CM15-0208172		
Date Assigned:	10/26/2015	Date of Injury:	09/13/2007
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 53 year old male injured worker suffered an industrial injury on 9-13-2007. The diagnoses included lumbar fusion 2009 and removal of hardware 6-2012, right shoulder impingement syndrome, lumbar degenerative disc disease with spondylosis and chronic pain syndrome. On 9-28-2015 the provider reported the injured worker had been out of medication for the last 2 months. The medications he had been on were Zanaflex, Orudis, Prilosec, Ambien, Neurontin and Norco. On exam the gait was unstable even with the use of a cane. The right shoulder had tenderness with the moderately to severe positive rotational impingement test. Range of motion showed total breakaway weakness. The right wrist was tender. The lumbar spine had restricted range of motion with moderate to severe tenderness also to the lumbosacral junction. There was moderate tenderness over the sciatic nerves. The deep tendon reflexes were unobtainable at the ankles and feet with positive straight leg raise. The provider noted he had an appointment with a pain specialist on 10-6-2015 however that documentation was not included in the medical record. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels and without medications and with medication when he was able to obtain them, no evidence of functional improvement with treatment and no aberrant risk assessment except for a urine screen 1-2015. Utilization Review on 10-14-2015 determined non-certification Norco 10/325mg 1-2 tabs QID PRN pain #200 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 tabs QID PRN pain #200 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: The MTUS guidelines do not support opioids for non-malignant pain due to the development of habituation, tolerance and hormonal imbalance in men. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The MTUS guidelines also note that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records indicate that the injured worker has been prescribed opioids for an extended period of time and the medical records do not establish significant improvement in pain or function or change in work status to support the ongoing use of opioids. In addition, the request for high quantity of opioids with two refills is not supported. The request for Norco 10/325mg 1-2 tabs QID PRN pain #200 with 2 refills is not medically necessary and appropriate.