

Case Number:	CM15-0023167		
Date Assigned:	02/12/2015	Date of Injury:	12/20/2000
Decision Date:	03/25/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/06/2015

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: Hawaii, 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 54 year old female, who sustained an industrial injury on 12/20/2000, resulting in low back and knee pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included conservative measures. Currently, the injured worker complains of thoracic and lumbar spine discomfort rated 5/10, bilateral wrist pain rated 4/10 with left greater than right, and bilateral knee discomfort 6/10, right greater than left. Her pain decreased to 3/10 with medication use and made it tolerable for her to do normal activities of daily living. Other interventions included home exercises, a transcutaneous electrical nerve stimulation unit, and ice application. Physical exam noted moderate paralumbar muscle spasm and guarding, greater on the right, decreased lumbar range of motion, positive straight leg raise test bilaterally, and positive Lasegue's test on the right. Tenderness, with mild swelling, was noted over the posterior right knee. Phalen's sign was positive bilaterally, producing paresthesia in all the digits. There was tenderness of the right sacroiliac region extending into the anterior superior iliac spine and iliac crest. Moderate tenderness and muscle spasm of the parathoracic muscles from T3-T7 and T8-T10 was noted. Sensation was decreased to light touch on the top of the foot and the first and second toe on the right as compared to the left. Recent radiographic testing was not noted. Medications included Norco 7.5mg, Soma 350mg, Prilosec, and Thermacare patches. On 2/03/2015, Utilization Review modified a request for Norco 7.5/325mg #120, to Norco 7.5/325mg #90, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain “except for short use for severe cases, not to exceed 2 weeks.” The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that “ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.” The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The original UR reviewer modified to approve for #90, which is appropriate. As such, the request for Norco 7.5/325mg #120 is not medically necessary.