

Case Number:	CM15-0029945		
Date Assigned:	02/23/2015	Date of Injury:	05/21/2013
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 60-year-old male, who sustained an industrial injury on 5/21/2013. He reports injury when lifting a heavy granite topped dresser. Diagnoses include cervical strain and lumbar disc disease. Treatments to date include physical therapy and medication management. A progress note from the treating provider dated 11/7/2014 indicates the injured worker reported neck pain, bilateral shoulder pain and lumbar pain. On 1/29/2015, Utilization Review modified the request for Norco 10-325 #120 to #90, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck pain, rated 8/10, bilateral shoulders pain, rated 6/10, low back pain, rated 8/10 and bilateral hip pain, rated 7/10. The request is for

NORCO TAB 10-325 MG # 120. Physical examination n 12/10/14 to the cervical spine revealed tenderness to palpation over the paraspinal and trapezius muscles, left greater than right, Range of motion was decreased in all planes. Physical examination to the lumbar spine revealed tenderness to palpation over the paraspinal muscles. Straight leg raising test was positive on the left at 70 degrees to posterior thigh. UDS test dated 11/14/14 resulted positive for Hydrocodone. Per 11/07/14 progress report, patient's diagnosis include acute cervical strain, rule out disc herniation, lumbar midlevel disc disease with 3-4 mm broad based disc at L3-L4, L4-L5 and L5 S1 with mild to moderate bilateral lateral recess on neuroforaminal narrowing per MRI dated July 03, 2013, rule out lower extremity radiculopathy, electrodoagnostic evidence of left active L5 radiculopathy, elevated blood pressure, industrial causation deferred , depression and anxiety, industrial causation deferred. Patient has had a lumbar ESI on 06/24/14 with no benefits. Patient's medication per 11/07/14 progress report includes Norco. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The request is for Norco 10/325 # 120. UR letter dated 01/29/15 has modified the request to # 90, stating there was no documentation of compliance with CA MTUS opioid recommended Guidelines. In this case, treater has not discussed examples of specific ADL's nor provided functional measures demonstrating significant improvement due to Norco. There are no numerical scales or validated instruments to address analgesia; no opioid pain agreement. or CURES reports addressing aberrant behavior; no discussions with specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.