

Case Number:	CM15-0211629		
Date Assigned:	10/30/2015	Date of Injury:	06/25/2012
Decision Date:	12/11/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/28/2015

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: Texas, Florida, 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:

This is a 60 year old male with a date of injury of June 25, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for multilevel disc herniations of the cervical spine, facet arthropathy of the cervical spine, lumbar facet arthropathy, lumbar radiculopathy, and cervical radiculopathy. Medical records dated July 1, 2015 indicate that the injured worker complained of neck pain rated at a level of 8 out of 10 radiating to the bilateral shoulders left greater than right, numbness from the left elbow to the hand, numbness of the right hand, lower back pain radiating to the left hip rated at a level of 7 out of 10, pins and needles to the left buttock and lateral aspect of the left leg, and aching of the feet. Records also indicate that the injured worker receives 30-40% relief with Norco. A progress note dated September 28, 2015 documented complaints of neck pain rated at a level of 7 out of 10 radiating to the trapezius musculature, numbness in the bilateral upper extremities left greater than right, lower back pain rated at a level of 9 out of 10, pain radiating to the left hip, and pins and needles to the left buttock and lateral aspect of the left leg, and aching of the feet. Per the treating physician (September 28, 2015), the employee was permanent and stationary. The physical exam dated July 1, 2015 reveals an antalgic gait, difficulty walking on heels and toes, tenderness to palpation of the cervical, thoracic, and lumbar spine, diminished sensation to light touch and pin prick in the left C6-C8 dermatomes and the left L3-S1 dermatomes, decreased strength of the left upper extremity and right lower extremity, diminished reflexes in the bilateral biceps, brachioradialis, triceps, patella, and Achilles, positive straight leg raise test on the left, positive Slump's test bilaterally, positive Lasegue maneuver on the left, and positive Spurling's test on the left with

pain radiating down to the left elbow. The progress note dated September 28, 2015 documented a physical examination that showed no changes since the examination performed on July 1, 2015. Treatment has included medications (Norco since at least May of 2015; Norflex), lumbar spine fusion, lumbar medial branch block, lumbar epidural steroid injection, and chiropractic treatments. Recent urine drug screen results were not documented in the submitted records. The utilization review (October 21, 2015) partially certified a request for Norco 10-325mg #90 with one refill to allow for weaning (original request for #120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg TID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 79, 80 and 88 of 127. In this case, the claimant was injured in 2012, with significant degenerative disease of various regions of the spine, and reported lumbar and cervical radiculopathy. There was no mention of what objective; functional improvement had been achieved out of the opiate regimen. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.