

Case Number:	CM15-0215340		
Date Assigned:	11/10/2015	Date of Injury:	01/29/2008
Decision Date:	12/21/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/02/2015

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: Florida

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 injured worker is a 55-year-old male who sustained an industrial injury on 1-29-2008. He has been treated for chronic low back pain with disc protrusion, bulge, and cervical spinal stenosis; left lumbar foraminal stenosis including facet changes; shoulder pain; he is post bilateral ulnar nerve release; disc replacements at C5-7; cervical fusion C5-6; and he had a cervical revision 3-23-2012 with disc replacement at C5-C7. On 9-22-2015, the injured worker reported persistent pain in his neck, low back, legs, and upper extremities. Neck pain was stated to be the most bothersome at this visit with VAS ratings noted at 8-9 out of 10. Low back pain was rated at 7 out of 10, and legs at 4. He had been experiencing numbness and tingling in his hands and pinky fingers, and constant numbness in the right forefoot and toes. Objective findings were noted as "no significant change." Documented treatment includes Norco present in the progress notes since at least 5-5-2015, Cymbalta and Trazodone at nighttime. Medications are noted to relieve pain to as much as 1-2 out of 10 and enable him to "stay functional" including going to the gym 5 days a week, consistent volunteer work and running errands. Medication behavior and monitoring are not provided in the note. The treating physician's plan of care includes a prescription for Norco 10-325 mg #120 noted "do not dispense until 10-21-2015." This was denied on 10-5-2015. Current work status is permanent and stationary with work restrictions.

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 (DND until 10/21/15): Upheld

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

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

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if " (a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not medically necessary.