

Case Number:	CM15-0216757		
Date Assigned:	11/06/2015	Date of Injury:	02/04/2014
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 46 year old male who sustained an industrial injury on February 04, 2014. The worker is being treated for: cervical and lumbar radiculopathy, spondylosis and chronic pain syndrome. Subjective: April 13, 2015, May 11, 2015, June 08, 2015, August 10, 2015 he reported complaint of pain in the cervical and lumbar spine radiating down all extremities with numbness and tingling described as constant, sharp, throbbing and aching. He reported that Norco and Soma are ineffective in managing his pain and spasms. Objective: April 13, 2015, May 11, 2015, June 08, 2015, August 10, 2015 noted cervical spine and lumbar spine with tenderness to palpation over paraspinals and spinous processes. ROM remained limited for both and positive Spurling's test bilaterally, SLR bilaterally at 70 degrees. Lumbar sensory response noted decreased in the right L5 and L5 dermatomes. "The patient is meeting the goals of Opioid therapy and takes his medications only as prescribed." "They are managing his pain adequately so he is able to function and perform ADLs without side effects." "I have prescribed Percocet, Flexeril, and Gabapentin." In addition, August 10, 2015 noted, "it should be noted that the patient is not a candidate for weaning off medications at this time." He is with continued severe pain in his neck and back. Diagnostic: MRI September 2014, and July 07, 2015 cervical, and lumbar spine, UDS July 2015, EMG NCV July 03, 2015. Medication: April 13, 2015: Norco and Soma; discontinued this visit and initiated Percocet, Flexeril, and Gabapentin. June 03, 2015: RFA Norco, Tramadol, and Ibuprofen. June 08, 2015: prescribed Tramadol, Norco, and Ibuprofen. June 29, 2015: RFA Norco, Tramadol, and Ibuprofen. August 25, 2015: RFA Norco, Tramadol, Ibuprofen. September 21, 2015: renewed Norco, Tramadol, and Ibuprofen.

Treatment: April 2015 noted completion of a course of physical therapy (temporary benefit reported), DME cane for ambulation, medication, pending authorization for ESIs, pain management, modified work and activity, HEP, and September 03, 2015 underwent administration of LESI. On October 19, 2015 a request was made for Norco 10mg 325mg QID PRN pain #120 that was modified by Utilization Review on October 26, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg QID PRN pain #120: Upheld

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

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

Decision rationale: This 46 year old male has complained of low back pain and neck pain since date of injury 2/4/2014. He has been treated with physical therapy and medications to include opioids since at least 04/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.