

Case Number:	CM15-0218306		
Date Assigned:	11/10/2015	Date of Injury:	09/29/2001
Decision Date:	12/21/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/05/2015

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: Emergency 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 78 year old male, who sustained an industrial-work injury on 9-29- 01. The injured worker was diagnosed as having cervical and lumbar strain, lumbar radiculopathy, bilateral knee tenderness, and bilateral shoulder sprains. Treatment to date has included medication: Norco and Ultracet (prescribed since at least 5-7-15), prior use of Transdermal cream (Flurbiprofen-menthol-camphor-capsaicin) and diagnostics. Currently, the injured worker complains of ongoing low back pain and joint pain. There was evidence of long- term management with opioid analgesics. On 6-13-15, a urine drug screen was inconsistent with prescribed medication. Per the primary physician's progress report (PR-2) on 10-16-15, exam noted restricted range of motion with tenderness to palpation primarily in the L5-S1 level, neurologic finding were normal. Current plan of care includes renewal of medication. The Request for Authorization requested service to include Norco 10/325mg #60 and Ultracet 37.5mg #30. The Utilization Review on 10-28-15 denied the request for Norco 10/325mg #60 and Ultracet 37.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Norco 10/325mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing low back pain and joint pain. There was evidence of long-term management with opioid analgesics. On 6-13-15, a urine drug screen was inconsistent with prescribed medication. Per the primary physician's progress report (PR-2) on 10-16-15, exam noted restricted range of motion with tenderness to palpation primarily in the L5-S1 level, neurologic finding were normal. These opiates have been prescribed since at least May 2015. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.

Ultracet 37.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Ultracet 37.5mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing low back pain and joint pain. There was evidence of long-term management with opioid analgesics. On 6-13-15, a urine drug screen was inconsistent with prescribed medication. Per the primary physician's progress report (PR-2) on 10-16-15, exam noted restricted range of motion with tenderness to palpation primarily in the L5-S1 level, neurologic finding were normal. These opiates have been prescribed since at least May 2015. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Ultracet 37.5mg #30 is not medically necessary.