

Case Number:	CM15-0219003		
Date Assigned:	11/10/2015	Date of Injury:	09/07/2014
Decision Date:	12/22/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old male who sustained a work-related injury on 9-7-14. Medical record documentation on 10-21-15 revealed the injured worker was being treated for neck pain, cervical degenerative disc disease, cervical spine stenosis, myalgia and myositis, and chronic pain. He reported worsening of neck pain and right shoulder pain. The medications continued to reduce his pain and the injured worker reported that he had no life due to severe pain without his medications. Without his medications he was bedridden most days and unable to do his activities of daily living, perform light weight exercise or work around the house. He used Norco for severe pain and Flexeril for acute muscle spasm. He rated his pain a 9 on a 10-point scale without his medications (8 on 9-23-15) and a 6 on a 10-point scale with his medications. Objective findings included moderate tenderness to palpation and myofascial restriction over the right cervical paraspinals. He had pain with cervical spine rotations and flexion. His had intact sensation in the bilateral upper extremities but the sensation was diminished on the right arm. His medication regimen included Norco 10-325 mg (since at least 6-4-15), Cyclobenzaprine 7.5 mg, Promethazine 25 mg, and oxazepam 10 mg. Medications tried and failed included gabapentin. Previous therapy included a cervical epidural steroid injection on 6-9-15, acupuncture therapy and physical therapy. A urine drug screen collected on 10-21-15 was consistent with the injured worker's medication regimen. A request for Norco 10-325 mg #90 was received on 10-26-15. On 10-30-15, the Utilization Review physician modified Norco 10-325 mg #90 to Norco 10-325 mg #70.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg, #90 (3x a day) DOS: 10/21/15: Upheld

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

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

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The [REDACTED] visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. Therefore, the requested treatment is not medically necessary.