

Case Number:	CM15-0221456		
Date Assigned:	11/17/2015	Date of Injury:	02/22/2014
Decision Date:	12/29/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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 48 year old male who sustained an industrial injury on 2-22-14. A review of the medical records indicates he is undergoing treatment for lumbar herniated nucleus pulposus, lumbar radiculopathy, rule out cervical herniated nucleus pulposus and cervical radiculopathy, and rule out thoracic herniated nucleus pulposus. Medical records (5-21-15, 6-30-15, 7-30-15, and 8-27-15) indicate ongoing complaints of neck pain that radiates to the bilateral upper extremities with associated numbness, mostly affecting the right side. He rates the pain "3-5 out of 10". He reports the pain also radiates to bilateral shoulder blades, affecting the right side more than the left. Spasm is noted posterior of the right shoulder, in the shoulder blade region. The injured worker also complains of burning pain in the mid back that "comes from" the low back. He reports his low back pain is his primary concern. He reports that his low back pain radiates with associated numbness to bilateral lower extremities, worse on the left, as well as burning pain radiating to the bilateral groins and into the testicles. He rates this pain "8-9 out of 10". The physical exam (8-27-15) reveals an antalgic gait. He is noted to be using a cane for walking. Tenderness to palpation is noted of the cervical and lumbar spine with spasms. Cervical, thoracic, and lumbar range of motion are noted to be diminished. Sensation is "intact" in bilateral upper and lower extremities. Motor strength is noted to be diminished in the right triceps, bilateral finger extensors, psoas, quadriceps, hamstrings, tibialis anterior on the right, left EHL, and inverters bilaterally. The straight leg raise is positive on the right at 60 degrees with pain to the heel. Lasegue's maneuver and Spurling's test are noted on the right. Diagnostic studies have included MRIs of the cervical, thoracic, and lumbar spine, as well as an EMG-NCV

study of bilateral upper extremities. Treatment has included physical therapy, bilateral transforaminal epidural steroid injections at L4-5 and L5-S1, and medications. His medications include Relafen, Prilosec, Flexeril cream, and Norco (since at least 3-12-15). The utilization review (10-12-15) includes a request for authorization of Norco 10-325mg #120. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone Acetaminophen 10/325mg quantity 120: 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, criteria for use, Opioids for chronic pain.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. Provider has continuously failed to document objective improvement in pain or any objective improvement in functional status. There are only vague subjective claims of "benefit". There is no documented screening or assessment of abuse or side effects. There is no pain contract noted or any documentation of any recent urine drug screen. The request is not medically necessary.