

Case Number:	CM15-0035649		
Date Assigned:	03/04/2015	Date of Injury:	05/30/1997
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55 year old male, who sustained an industrial injury on 05/30/1997. He has reported subsequent back and neck pain and was diagnosed with status post multiple back surgeries with fusion and failed back surgery and status post cervical surgery with fusion and disc replacement. Treatment to date has included oral and injectable pain medication and spinal cord stimulator. In a progress note dated 11/20/2014, the injured worker complained of back, neck and upper and lower extremity pain that was rated as 8/10. Objective findings were notable for tightness and tenderness of the cervical spinal muscles, decreased cervical range of motion, tenderness, tightness and muscle spasm of the lumbar spine. No medical documentation was submitted that pertains to the current treatment request. On 02/11/2015, Utilization Review modified a request for Norco from 10/325 mg #60 to 10/325 mg #55, noting that the documentation didn't show evidence of efficacy and should be weaned. MTUS guidelines were cited.

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 Treatment Guidelines Chronic Pain, Opioids; Weaning of Medications Page(s): 74-95; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are steps both multiple back surgeries with fusion and failed back syndrome; status post cervical surgery with fusion and disc replacement; and history spinal cord stimulator implantation failure and subsequent removal. Documentation (progress notes) does not contain clinical entries with any medications listed. There is no medical record documentation of Norco in the medical record. There is urine drug screen dated January 2015 that shows Tramadol and Oxycodone. Neither of these opiates are listed in the physician progress notes. Consequently, absent clinical documentation listing current medications, detailed opiate pain assessments with risk assessments and evidence of objective functional improvement to gauge ongoing Norco efficacy, Norco 10/325 mg #60 is not medically necessary.