

Case Number:	CM15-0044795		
Date Assigned:	03/16/2015	Date of Injury:	05/29/2002
Decision Date:	04/22/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/09/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 56 year old male patient, who sustained an industrial injury on 5/29/02. The diagnoses include cervical spondylosis with myelopathy and radiculopathy, severe central canal stenosis with cord compression, severe bilateral neuroforaminal stenosis, and multilevel lumbar degenerative disc disease, post laminectomy syndrome of lumbar spine, lumbar radiculopathy, right hip pain and status post opioid detoxification. Per the doctor's note dated 2/10/2015, he had complains of severe pain over cervical and lumbar spine with severe pain affecting the upper and lower extremities and headaches. He had improvement in pain and improvement in function with the addition of Norco for approximately 4 hours. The physical examination revealed antalgic gait; cervical spine- tenderness, decreased range of motion, decreased strength and sensation in bilateral upper extremities; lumbar spine- tenderness and spasm. The current medications list includes Norco, Lyrica, Cymbalta, metformin, glyburide and flomax. Treatment to date has included 5 lumbar surgeries, physical therapy epidural steroid injections, selective nerve blocks, oral medications including opioids and opioid detoxification. He has had urine drug screen on 8/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Request: Norco 10/325 #100 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to CA MTUS guidelines: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to non opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to lower potency opioids like tramadol is not specified in the records provided. With this, it is deemed that this patient does not meet criteria for ongoing use of opioids analgesic. The medical necessity of Norco 10/325 #100 is not medically necessary for this patient at this time.