

Case Number:	CM15-0045347		
Date Assigned:	03/17/2015	Date of Injury:	12/03/2009
Decision Date:	04/17/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/10/2015

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: New Jersey

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:

The injured worker is a 60 year old male, who sustained an industrial injury on December 3, 2009. The injured worker had reported neck, back, upper extremity and lower extremity injuries related to cumulative trauma. The diagnoses have included cervical herniated discs, thoracalgia, lumbar herniated discs, shoulder tenosynovitis bilaterally and post-traumatic anxiety and depression. Treatment to date has included medications, radiological studies, psychological evaluations and multiple surgeries. Current documentation dated January 8, 2015 notes that the injured worker complained of ongoing pain in the right posterior neck, right wrist, low back, bilateral shoulders and right knee. He also reported anxiety and depression. Examination of the cervical and lumbar spine revealed tenderness, hypertonicity, trigger points and a decreased range of motion. Thoracic spine examination revealed tenderness and hypertonicity bilaterally. Knee examination was deferred. The treating physician's recommended plan of care included Norco 7.5/325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he was given #30 pills in a previous office visit, and later #120 pills, and now #60 while at the same time being recommended Butrans patch in order to help decrease the need for Norco. It is not clear how many pills the worker is using on a daily basis. Most importantly, there was insufficient documentation of the specific and measurable gains directly associated with Norco use as well as the pain reduction. Therefore, without this report showing clear and measurable evidence of ongoing benefit, the Norco will be considered medically unnecessary.