

Case Number:	CM15-0045558		
Date Assigned:	03/17/2015	Date of Injury:	09/27/1996
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old male, who sustained an industrial injury on 9/27/1996. The diagnoses have included occipital neuralgia, cervical radiculopathy, failed back and neck surgery syndrome, lumbar radiculopathy and lumbar facet arthropathy. Treatment to date has included multiple back surgeries, Transcutaneous Electrical Nerve Stimulation (TENS) and medication. According to the progress report dated 2/12/2015, the injured worker complained of lower back pain, lower extremities pain, pain in cervical area and left upper extremity and occipital headaches. Current medications included Celebrex, Dilaudid, Norco and Soma. Exam of the cervical spine revealed severe tenderness, limited range of motion due to pain and severe occipital tenderness going to the frontal area. Exam of the thoracic spine revealed diffuse tenderness, more over the lower parathoracic facet joints. Exam of the lumbar spine revealed severe tenderness and limited range of motion. The treatment plan was to continue with home exercise program. Medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 #150: 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): 76-85, 88-89.

Decision rationale: This 52 year old female has complained of chronic neck pain and low back pain since date of injury 9/27/96. She has been treated with cervical spine surgery, TENS unit, physical therapy and medications to include opioids since at least 10/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.