

Case Number:	CM15-0051530		
Date Assigned:	03/25/2015	Date of Injury:	05/18/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: 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 52 year old female, who sustained an industrial injury on 5/18/2013. The current diagnoses are peripheral nerve entrapment syndrome of the bilateral upper extremities, left elbow fracture, C5-C6, C6-C7 disc degeneration with spinal stenosis, cervical spine sprain, right/ left knee medical meniscal tear, lumbar disc herniation L4-L5 and L5-S1, and status post lumbar surgery. According to the progress report dated 11/3/2014, the injured worker complains of continued neck pain with radicular symptoms, low back pain with radiation down bilateral legs, and ongoing bilateral knee pain. The current medications are Norco. Treatment to date has included medication management, physical therapy, electrodiagnostic studies, and surgical intervention. The plan of care includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab po q 4-6hr prn pain #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints,

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and knee conditions. Medical records indicate the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck, back, and knee conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The primary treating physician's progress report dated 1/19/15 documented neck, back, and knee complaints. The utilization review determination date was 3/10/15. Norco 10/325 mg #180 was requested. No recent progress reports were present in the submitted medical records. Without recent progress reports, the request for Norco 10/325 mg #180 is not supported by MTUS guidelines. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.