

Case Number:	CM15-0055763		
Date Assigned:	04/01/2015	Date of Injury:	11/21/2005
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: Emergency 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 41-year-old male, who sustained an industrial injury on 11/21/20005. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic pain syndrome, chronic lumbar radiculopathy, lumbar post-laminectomy syndrome x3 (dates not specified), cervical radiculopathy, myofascial dysfunction, disuse syndrome, moderate obesity. Treatment to date has included conservative measures, including medications, lumbar support, pool therapy, transcutaneous electrical nerve stimulation unit, and acupuncture. It was documented that the injured worker required chronic narcotics and was not a wean candidate. Urine drug screen, dated 1/21/2015, noted inconsistencies with prescribed medications. Currently, the injured worker complains of chronic pain, with moderate to good relief with Hydrocodone, which decreased his pain by 50%. He also reported chronic gastrointestinal upset. His low back pain was reported as increasing. Medications included Trazadone, Risperidone, Effexor, Diclofenac, and Hydrocodone (6/day). His height was 63 inches and his weight was 185 pounds. Myofascial triggers were noted at the bilateral paravertebral L4-L5. Straight leg raise was positive bilaterally at 60 degrees and sensation was decreased in the bilateral posterior thighs. The treatment plan included acupuncture, continued medications (Voltaren, Prilosec, antidepressants, Ambien, and Norco), continued home exercise program, continued weight loss and dietary, replace lumbar brace, and follow-up in one month. The PR2 report, dated 11/18/2014, noted the discussion with the injured worker regarding the decreased use of narcotics, at which time Norco was used 6 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/3225 mg one tablet every four hours, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. While there is no medication list provided, it is noted that patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails multiple criteria. Patient has persistent and severe chronic pain despite chronic opioid use. There is no benefit in decrease in pain or objective function. Long-term plan is poor. Patient is currently on short acting opioids and is taking them multiple times a day. There is only a mention that patient was on a trial of Butrans but was stopped because patient was "too sleepy". The ongoing plan for continued use of short acting opioids with no weaning plan or transition to longer acting opioids is inappropriate. Patient also has noted multiple GI related issues in regards to medications. The continued use of a short acting opioid with no clear plan for management, GI side effects and no documentation of any objective improvement is not supported by documentation. Norco is not medically necessary.