

Case Number:	CM15-0080130		
Date Assigned:	05/01/2015	Date of Injury:	01/25/2008
Decision Date:	06/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/27/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 59 year old male who sustained an industrial injury on 01/25/2008. Diagnoses include cervical spine sprain/strain syndrome, cervical radiculopathy secondary to disc protrusion at the C3-C4, C4-C5, C5-C6, and C6-C7 levels bilaterally, lumbar spine sprain/strain syndrome, status post lumbar stabilization surgery, depression and anxiety, and sleep disruption. Treatment to date has included diagnostic studies, surgery, physiotherapy, chiropractic sessions, and cervical facet joint injections. A physician progress note dated 03/26/2015 documents the injured worker has ongoing pain in his neck and lower back region, and it is increasing in severity. The pain radiates to the shoulders and arms. He has occasional numbness and tingling in the arms. He has some persistent headaches with associated dizziness, loss of memory and difficulty concentrating due to his neck pain. He has continued low back pain and discomfort. The pain constantly radiates down the bilateral thigh, leg and foot. The injured worker has incontinence secondary to his lumbar pain issues. On examination there is cervical paraspinal muscle tenderness to palpation, restricted and painful range of motion. He has decreased sensation to light touch, in the cervical spine. He is unable to perform heel and toe walk. He has loss of lumbar lordosis. There is restricted painful range of motion of the cervical spine. There are positive sciatic and femoral tension signs bilaterally. Treatment requested is for Norco 10/325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured 7 years ago; there is ongoing pain. There is no statement of objective, functional improvement out of prior opiate usage. In fact, pain is reported to be increasing, which could represent opiate hyperalgesia. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.