

Case Number:	CM15-0083351		
Date Assigned:	05/05/2015	Date of Injury:	04/03/2007
Decision Date:	06/10/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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: Physical Medicine & Rehabilitation

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 43 year old male, who sustained an industrial injury on April 3, 2007. He was diagnosed with cervical sprain, cervical disc protrusion and lumbar sprain. Treatment included acupuncture, physical therapy, and home exercise program and pain management. Currently, the injured worker complained to have pain in the neck, radiating down into the right hand, with numbness and swelling, and lower back radiating into the right leg and numbness. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #40, per 3/4/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90,76-78.

Decision rationale: The patient presents with neck pain radiating to upper extremity and lower back pain radiating to lower extremity rated 8-9/10 without and 5/10 with medications. The

request is for NORCO 10/325MG #40, PER 3/4/15 ORDER. The request for authorization is dated 03/04/15. No PR2 is provided with treatment request. Per UR letter dated 04/03/15, physical examination of the cervical spine reveals exquisite tenderness on the right side of the cervical paravertebral. Range of motion on flexion and extension was somewhat restricted and painful at the extreme range. Exam of the right shoulder reveals tenderness in the subacromial space and acromioclavicular joint. There was a weakness of right upper extremity in gripping and grasping as compared to the left side. Exam of the right hand, there was swelling, hypersensitive and was cold as compared to the left side. Exam of the lumbar spine reveals tenderness at the L4-L5 mostly on the right side. Exam of the lower extremities reveals tenderness on the lateral side of the rib cage area at the level of T6-T7, T8 and T9. Patient's work status is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient is prescribed Norco since at least 05/14/14. MTUS requires appropriate discussion of the 4A's, and in addressing analgesia, treater discusses pain reduction from 8-9/10 to 5/10 with use of Norco. However, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There is no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.