

Case Number:	CM15-0087483		
Date Assigned:	05/11/2015	Date of Injury:	06/07/2008
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/06/2015

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

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52-year-old male sustained an industrial injury to the neck, back, left shoulder and left elbow on 6/7/08. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, injections and medications. In an orthopedic evaluation dated 3/3/15, the physician indicated that the injured worker was now a candidate for lumbar fusion, having failed conservative treatment. The injured worker exhibited a progression of neurologic deficits with foot drop and visible atrophy. The physician noted severe pathologic changes in the lumbar spine from L3 to S1 on magnetic resonance imaging (2/18/15) with nerve root compromise, facet hypertrophy and stenosis. In a pain management follow-up report dated 4/1/15, the injured worker complained of pain to the lumbar spine and left wrist, elbow and shoulder, rated 7/10 on the visual analog scale. The physician noted that his pain was not well controlled on his current medication regimen that included Norco 5mg, Anaprox, Docuprene and Ambien. On physical exam, the injured worker was visibly uncomfortable. Physical exam was remarkable for lumbar spine with paraspinal musculature spasms, tenderness to palpation and decreased range of motion, left shoulder with positive impingement and pain upon elevation of the left upper extremity, tenderness to palpation to the left elbow and decreased grip strength, decreased sensation and positive Phalen's test. Current diagnoses included chronic lumbar spine pain, chronic lumbar spine radiculopathy, left shoulder tendinitis/bursitis, left shoulder impingement, left lateral epicondylitis and left carpal tunnel syndrome. The injured worker received an injection to the left elbow during the office visit. The treatment plan included medication refills including Norco 5 mg (30 tablets).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Criteria for use of opioids, Weaning of Medications Page(s): 76-0, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records did not show that the patient failed treatments with NSAIDs and non opioid co-analgesics. The patient is utilizing opioids and other sedatives concurrently. There is no documentation of guidelines mandated compliance monitoring of serial UDS, CURES data reconciliations, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 5/325mg #60 was not met and is not medically necessary.