

Case Number:	CM15-0087516		
Date Assigned:	05/11/2015	Date of Injury:	07/09/2013
Decision Date:	06/12/2015	UR Denial Date:	04/21/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56-year-old female, with a reported date of injury of 07/09/2013. The diagnoses include chronic cervical strain, rule out disc herniation; chronic lumbar strain, rule out lumbar disc herniation; bilateral arm pain; circumferential bulge at L2-3 with a probable small annular tear. Treatments to date have included oral medication; an MRI of the lumbar spine on 11/19/2013; and electro diagnostic studies on 02/25/2104 with normal findings. The progress report dated 04/03/2015 indicates that the injured worker had persistent low back pain. She rated her pain 8-9 out of 10. The pain was frequent and slightly worsening. The injured worker stated that he fell down a flight of stairs two weeks prior due to pain in the low back and weakness in her legs. She also had neck pain that was rated 7-8 out of 10. The neck pain radiated to both hands with weakness. She took Norco, which helped the pain go from 9 out of 10 to 4 out of 10. The reduction in pain allowed her to walk for 40 minutes as opposed to 20 minutes without stopping due to pain. The injured worker was not currently working. The objective findings include decreased cervical range of motion, tenderness over the cervical midline, positive cervical compression, decreased strength bilaterally at C6, C6, and C8, decreased lumbar range of motion, tenderness over the lumbar paraspinals, positive left straight leg raise test, and decreased strength and sensation in the L4, L5, and S1 on the left. A urine toxicology screen was collected. On 03/03/2015, the injured worker had persistent low back pain, and she rated the pain 8-9 out of 10. It was noted that the pain was frequent and slightly improved, with radiation to both legs. There were no significant changes in the objective findings. The treating physician requested Norco 10/325mg #60 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325mg) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 56 year old female has complained of neck pain and low back pain since date of injury 7/9/13. She has been treated physical therapy and medications to include opioids since at least 12/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.