

Case Number:	CM15-0089368		
Date Assigned:	05/13/2015	Date of Injury:	11/21/2008
Decision Date:	06/22/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/08/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 54 year old male who sustained an industrial injury on 11/21/2008. Current diagnoses include cervical disc displacement, cervical stenosis, injury to cervical nerve root, spinal fusion, lumbar disc displacement, lumbar facet hypertrophy, lumbar stenosis, right hip pain, and left hip pain. Previous treatments included medication management, cervical surgery, and lumbar surgery. Previous diagnostic studies include urine drug screenings, diagnostic polysomnography, MRI of the lumbar spine and cervical spine. Report dated 02/26/2015 noted that the injured worker presented with complaints that included cervical spine pain, lumbar spine pain, and right hip pain. Pain level was 10 out of 10 (cervical spine), 8 out of 10 (lumbar spine), and 7 out of 10 (right hip) on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included requests for Naproxen, Norco, Neurontin, Soma, Xanax, compound cream, urine toxicology screen, EMG/NCV, and neurological evaluation. Disputed treatments include Norco tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Neck and Upper Back (Acute and Chronic), Low Back Lumbar & Thoracic (Acute & Chronic),
Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document pain relief, increased level of function, or improved quality of life. Medical records indicate the patient is still experiencing pain at a 10/10 on a visual analog scale (VAS). The previous reviewer recommended weaning and modified the request to 60 tablets of Norco 10/325mg for that purpose. As such, the question for Norco 10/325mg #90 is not medically necessary.