

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0089507 | | |
| Date Assigned: | 05/13/2015 | Date of Injury: | 11/10/2013 |
| Decision Date: | 06/17/2015 | UR Denial Date: | 04/10/2015 |
| Priority: | Standard | Application Received: | 05/09/2015 |

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on 11/10/2013. He reported multiple bodily injuries after falling down two floors from a ladder while doing his regular and customary duties. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lower back pain, chest contusion, right hand contusion, lumbar degenerative disc disease, myofascial pain, poor coping, shoulder joint pain, cervical degenerative disc disease, and left knee pain status post surgery. Treatment and diagnostics to date has included chiropractic treatment, right shoulder MRI, cervical spine MRI, lumbar spine MRI, lumbar spine surgery, Transcutaneous Electrical Nerve Stimulation Unit, physical therapy, home exercise program, and medications. In a progress note dated 04/10/2015, the injured worker presented with complaints of constant pain in his neck, bilateral shoulders, right hand, bilateral knees, and bilateral ankle. Objective findings include tenderness to palpation to cervical and lumbar spine and decreased range of motion to lumbar, bilateral shoulders, knees, and ankle. The treating physician reported requesting authorization for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was started following his recent back surgery, which led to a flare-up of pain. However, there was no report found in the documentation to show functional gain and pain reduction directly to the use of this medication, which might help justify its continuation. Short-term use of Norco would be more appropriate, which had already taken place at the time of this request. Also, considering the use of tramadol, which has been chronic, there was insufficient evidence found to suggest this medication was independently improving function and reducing pain as well to help justify consideration of continuing any second opioid beyond a short term duration. Therefore, the request for Norco will not be considered medically necessary at this time.