MAXIMUS Federal Services

Case Number:	CM15-0244977		
Date Assigned:	12/24/2015	Date of Injury:	08/11/2003
Decision Date:	01/29/2016	UR Denial Date:	11/20/2015
Priority:	Standard	Application Received:	12/16/2015

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 57 year old male, who sustained an industrial injury on 8-11-2003. The injured worker was being treated for cervical sprain, bilateral shoulder sprain, lumbar sprain, anxiety-stress, depression, insomnia, gastritis, hypertension, and sexual insufficiency. Treatment to date has included medications and diagnostics. On 10-28-2015, the injured worker complains of neck pain, rated 10 out of 10, bilateral shoulder pain, rated 9-10 out of 10, and low back pain. He reported that with assistance of medications, these pains were manageable, "but not a whole lot". He also reported difficult and interrupted sleep. Complaints were unchanged from 9-30-2015. Exam of the cervical spine noted exquisite tenderness at the cervical paravertebrals and close to normal range of motion with pain at the extremes. Exam of the shoulders noted tenderness at the bilateral acromioclavicular joints and subacromial spaces, range of motion easily to 160 degrees (but painful after that), and positive Neer's and Hawkin's tests. Exam of the lumbosacral spine noted a slightly antalgic gait, painful heel and toe ambulation, slight tightness and pain at the lower lumbosacral musculature, flexion 5-6 inches from the ground, positive straight leg raise bilaterally, intact sensation to both lower extremities, and deep tendon reflexes 1+ in both lower extremities. Physical exam was unchanged from 9-30-2015. The treatment plan included refill of Motrin, Norco 5-325mg twice daily for severe pain, and Valium. The use of Norco 5-325mg twice daily was noted since at least 3-2015, at which time urine toxicology testing and narcotic agreement was referenced. Urine toxicology (3-2015 and 9-2015) was positive for Hydrocodone and cannabinoid, positive cannabinoid results not addressed. His work status was total temporary disability on 10-28-2015, full duty on 9-30-2015. On 11-20-2015

Utilization Review modified a request to Norco 5-325mg #40 for weaning (original request Norco 5-325mg #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG 1 Tab Twice Daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This 57 year old male has complained of cervical spine pain, low back pain and shoulder pain since date of injury 8/11/2003. He has been treated with physical therapy and medications to include opioids since at least 03/2015. 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 medically necessary.