

Case Number:	CM14-0113077		
Date Assigned:	08/01/2014	Date of Injury:	02/28/2013
Decision Date:	09/30/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Internal Medicine, Pulmonary Diseases and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old male who reported an injury when an 8 foot ladder bent to one side; the injured worker jumped off from the fifth step and struck his left knee on concrete on 02/28/2013. The clinical note dated 05/30/2014 indicated diagnoses of cervical disc disease, cervical radiculopathy, bilateral shoulder rotator cuff syndrome, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint disc pain, bilateral knee osteoarthritis and meniscal tear. The injured worker reported pain in the cervical spine rated 9/10 described as constant, dull, sharp and stabbing, that radiated to the bilateral shoulders and down the hands with numbness and tingling sensation, and pain to the lumbar spine rated 10/10 described as constant, sharp, radiating to the bilateral legs and down to the feet with numbness and tingling sensation. On physical examination, the injured worker ambulated with an antalgic gait on the left and used a cane. The examination of the cervical spine revealed decreased range of motion with extension and flexion and decreased normal lordosis. The injured worker had moderate cervical paraspinal muscle tenderness and spasms extending to both trapezii, left greater than right and positive axial head compression, left greater than right. The injured worker also had a positive Spurling's bilaterally, left greater than right, and facet tenderness at C4-7. The injured worker's shoulder range of motion was decreased. The injured worker had a positive impingement sign bilaterally. The injured worker's lumbar spine examination revealed decreased range of motion bilaterally, tenderness to the sacroiliac joint bilaterally, a positive flexion, abduction, external rotation/Patrick's bilaterally, and a positive sacroiliac thrust and Yeoman's test bilaterally. The injured worker also had diffuse lumbar paraspinal muscle tenderness and facet tenderness at L4-S1. The injured worker's treatment plan included a cervical transfacet epidural steroid injection, authorization for a new MRI, and medication management. The injured worker's prior treatments included diagnostic imaging and medication management. The

injured worker's medication regimen included Cyclobenzaprine, Omeprazole, Norco, Motrin, and Protonix. The provided submitted a request for Norco. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, QTY: 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 10/325 mg, QTY: 90 with 1 refill are not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status, evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request does not indicate a frequency. Therefore, the request for Norco 10/325 mg, QTY: 90 with 1 refill are not medically necessary.