

Case Number:	CM14-0128874		
Date Assigned:	09/22/2014	Date of Injury:	12/21/2007
Decision Date:	10/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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, 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 60-year-old man who was driving with a broken seat. He sustained injuries to his cervical and lumbar spine and right arm. The date of injury was December 21, 2007. Diagnoses include lumbar radiculopathy; he is status post anterior spinal fusion L5 S1; anterior spinal instrumentation from L5 S1; anterior interbody device placement with PEEK interbody spacer and L5 - S1; a local bone graft and allograft; and exploration of fusion and removal of hardware; right revision and hemilaminotomy at L5 S1; and left revision hemilaminotomy at L5-S1. An undated MRI of the lumbar spine showed a 4 mm left disc bulge at L5-S1 with moderate neural stenosis. In an orthopedic note dated March 19, 2012, there were continued complaints of low back pain that was slight to moderate with prolonged activity. The orthopedic assessment was status post posterior lumbar fusion. The injured worker was not working. There was intermittent slight to moderate pain in the lower back becoming moderate with any type of prolonged activity. Medicines listed as of July 3, 2014 for clonidine 0.1, one by mouth TID #270; Soma one by mouth TID #270; Valium 10 mg one by mouth QID #360; and Norco 10/325 one by mouth every four hours #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers Compensation, Chapter 6, pg 115

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opiates for chronic pain; Neuropathic pain; Misuse; long term use; patient's a high risk; Page 78, 80-82, 88-96 and on the Non-MTUS ACOEM Practice Guidelines Chapter 6 page 115.

Decision rationale: Pursuant to California MTUS guidelines, Norco 10/325 mg #240 is not medically necessary. Pursuant to the documentation in the medical record, chronic daily use of Norco is not supported for musculoskeletal and neuropathic pain. If opiates are to be utilized there must be evidence of appropriate monitoring of the drug use and fulfillment of clear goals. Stated differently, there must be adequate documentation in the medical record regarding the use of Norco. The medical record lacks adequate documentation indicating clear goals with respect to functional improvement and pain improvement. Additionally, there is an increased risk of morbidity and mortality with polysubstance use/abuse including Valium and Soma that is taken concurrently with Norco. There is no medical documentation in the medical record supporting an attempt to reduce or taper the Norco. There is no documentation to support discussions relating to possible opiate dependence. Based on the clinical information in the medical record and the California MTUS guidelines Norco 10/325 mg #240 is not medically necessary.