

Case Number:	CM14-0148488		
Date Assigned:	09/18/2014	Date of Injury:	11/13/2003
Decision Date:	10/16/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 Occupational 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:

This is a 64-year-old male with a date of injury of 11/13/03. The mechanism of injury was due to cumulative trauma working as a truck driver, which involved significant pulling, pushing, lifting, carrying, twisting, and et cetera. A narcotic agreement signed 6/11/14. On 8/11/14, he complained of pain in the right low back, neck bilaterally, left shoulder, bilateral knees, and left wrist. He is currently on Tramadol for pain. On exam of the neck revealed significant restricted and painful range of motion at extremes in all directions. There was tenderness over the last cervical facets bilaterally with some tenderness over mid and upper cervical facets also. There was significant tenderness over the right mid lumbar and lower lumbar facets. The spine extension was restricted and painful. The plan was to stop Trazodone, Tramadol, and Naprosyn, and restart Norco at a lower dose of Norco 5/325mg and Lidoderm patches. Patient was previously on Norco 10/325mg, 2-8 tablets per day. He has failed gabapentin, Lyrica, Cymbalta, and Elavil. The narcotic agreement was once again discussed. He has failed NSAIDs and recently 6 sessions of physical therapy. The diagnostic impression is chronic pain syndrome, cervical and lumbar postlaminectomy syndrome, and lumbosacral spondylosis without myelopathy. Treatment to date: surgery, lumbar and cervical epidural steroid injections, radiofrequency lesioning, physical therapy, medication management. A UR decision dated 8/21/14 denied the request for Norco 5/325mg #90. The Norco was denied because the records indicated that the patient was non-responsive to his current medications. Previous records indicated the patient was weaned of Norco due to lack of improvement in function and pain. Therefore, the request was non-certified and there was no need to wean the patient off the medication as he has not restarted Norco since being weaned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, QTY: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient is suffering from chronic pain syndrome secondary to multiple issues from cumulative trauma to his body parts. In addition, he has failed 6 recent physical therapy sessions, NSAID therapy, gabapentin, Lyrica, Cymbalta, and Elavil. The provider therefore, discontinued the Trazodone, Tramadol, and Naprosyn on 8/11/14. The provider restarted at a lower dose Norco 5/325mg to take up to 3 tablets per day, and Lidoderm for localized pain. A pain contract was again discussed and signed by the patient. Therefore, the request for Norco 5/325mg #90 was medically necessary.