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| Case Number: | CM14-0183932 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 04/27/2006 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 patient is a 72 year old male presenting with a work related injury on 04/27/2006. The patient is status post left C5-6 ACDF on 02/05/2007. On 10/3/2014, the patient complained of low back pain radiating to the right. The patient's medications included Norco, Salon Pas, Aspirin, Clopidogrel, Isosorbide, Lisinopril, Lopressor, Zocor, Ceti Inhibitor, Finasteride, Fish Oil, Flax Seed Oil, Furosemide, Metoprolol, Terazosin and Plavix. The physical exam showed reduced range of motion of the lumbar spine, 4/5 strength in the left upper and left lower extremity, tenderness in the bilateral cervical paraspinals and left lumbar paraspinals, positive Durkan's and Tinel's in both wrists. MRI of the Cervical spine showed a large disc protrusion off to the left at C5-6, as well as ossification of the posterior longitudinal ligament. MRI of the lumbar spine showed a grade 1 anterolisthesis of L4 on 5 with a right intraforaminal disc protrusion contacting the right L4 nerve root, moderate central canal and lateral recess stenosis, at L3-4 there was also a right-sided intraforaminal disc protrusion contacting the right L3 nerve root. Electrodiagnostic studies showed left moderate to severe carpal tunnel syndrome and left L45 radiculopathy. The patient was diagnosed with Lumbago, Carpal Tunnel Release, Carpal Tunnel Syndrome Left, Post laminectomy Syndrome of Lumbar Region, Lumbar Disc Displacement without myelopathy, Postlaminectomy syndrome of Cervical Region, Cervicobrachial Syndrome, Brachial Neuritis or Radiculitis not otherwise specified, Backache not otherwise specified, sprains and strains of neck. According to the medical records, the patient is permanent and stationary/MMI. A claim was made for Norco 10/325mg with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg with 2 refills is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Infact the claimant was designated permanent and stationary; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant of this medication to avoid side effects of withdrawal.