

Case Number:	CM14-0101052		
Date Assigned:	07/30/2014	Date of Injury:	10/10/2002
Decision Date:	06/23/2015	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/30/2014

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. 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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial injury on October 10, 2002. He reported that while jumping over some wires his feet became tangled and he fell on his left side with low back pain and left shoulder pain. The injured worker was diagnosed as having status post positive fluoroscopically guided diagnostic bilateral L1-L2 and bilateral L2-L3 facet joint medial branch block, status post positive fluoroscopically guided diagnostic right C4-C5 and right C6-C7 facet joint medial branch block, lumbar facet joint pain at L1-L2 and L2-L3, lumbar facet joint arthropathy, cervical facet joint pain at C4-C5, C5-C6, and C6-C7, cervical facet joint pain, cervical facet joint arthropathy, central disc protrusion at C6-C7, cervical stenosis, L3-S1 fusion, failed back surgery syndrome, lumbar post laminectomy syndrome, lumbar facet joint pain, lumbar facet joint arthropathy, and sacroiliac joint pain. Treatment to date has included epidural steroid injection (ESI) injections, x-rays, MRIs, chiropractic treatments, lumbar fusion, and medication. Currently, the injured worker complains of bilateral neck pain, left shoulder pain, bilateral low back pain, and thoracic back pain. The Treating Physician's report dated May 28, 2014, noted the injured worker's current medications listed as Metformin, Gabapentin, Glipizide, Naproxen, and Norco. Physical examination was noted to show tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L1-L2 and L2-L3 facet joints, with lumbar extension worse than lumbar flexion. The cervical spine was noted to have tenderness to palpation overlying the bilateral C4-C5, C5-C6, and C6-C7 facet joints with cervical extension more painful than flexion. Bilateral lower extremity and left shoulder range of motion (ROM) were restricted by pain in all directions. Lumbar discogenic

provocative maneuvers, including pelvic rock and sustained hip flexion, were positive bilaterally, with pressure at the sacral sulcus positive bilaterally. The treatment plan was noted to include appeal of the denial of the injured worker's Hydrocodone, scheduled bilateral L1-L2 and L2-L3 facet joint radiofrequency nerve ablation on May 30, 2014, scheduled diagnostic left C4-C5 and C6-C7 facet joint medial branch block on June 6, 2014, follow up visit two weeks after the injections, and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The date of injury for this claimant was in 2002. According to the Chronic Pain Medical Treatment Guidelines, opioids may be recommended for continuing use in patients with moderate to severe pain which has not responded to first-line agents such as antidepressants and anti-epilepsy drugs. Opioids are intended for use at the lowest dose for the shortest period of time. There are no trials of long-term use. Opioids are efficacious for short-term pain relief, but long-term efficacy is unclear. In this case, the patient has been prescribed Norco for approximately three months without evidence of functional improvement or attempt to wean him to a lower dose. There is also no evidence of failure of a first-line agent. The request is not medically necessary at this time.