

Case Number:	CM14-0218153		
Date Assigned:	01/07/2015	Date of Injury:	11/10/2013
Decision Date:	03/03/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 injured worker is a 37 year old male who sustained a work related injury on November 10, 2013. The mechanism of injury was a fall from a second floor ladder. He complained of constant neck, shoulder, chest, back, right arm and right leg pain. Treatment has included diagnostic testing, extensive chiropractic care, pain management, a right shoulder Cortisone injection, a trigger point injection, a home exercise program and a lumbar five-sacral one microdiscectomy on May 30, 2014. Current documentation dated November 20, 2014 notes that the injured worker presented with frequent sharp, pulsing, shooting, cramping and gnawing pain throughout his entire body, including his head, neck, bilateral shoulders, entire back, upper extremities and lower extremities. He reports numbness and tingling of the right hand and rates the pain at a seven out of ten on the average on the Visual Analogue Scale. His symptoms were improved with the pain medication Norco. Physical examination of the cervical spine revealed slight to moderate cervical paracervical muscle spasm and pain with range of motion. Range of motion was noted to be decreased. Palpation of the upper back revealed moderate tenderness. Examination of the shoulders revealed no evidence of impingement or instability. Examination of the elbows, wrists and hands were normal. Upper extremity examination showed grip strength loss bilaterally and diffuse numbness in the right hand. Lumbar spine examination revealed moderate lumbar spasm, primarily over the left paraspinal region. Pain was noted with range of motion. Straight leg raise was positive on the left. The injured worker had a slightly antalgic gait, favoring the left leg. Diagnoses include lumbar strain, degenerative disc disease of the lumbar spine, herniated discs at lumbar five-sacral one with bilateral foraminal stenosis, left lumbar five

radiculopathy and left knee pain, status post-surgery. Work status is temporarily totally disabled. The treating physician requested Norco 5/325 mg # 45. Utilization Review evaluated and modified the request to Norco 5/325 mg # 26 on December 8, 2014. Recent documentation submitted does not provide any new clinical evidence to support the ongoing use of Norco. Additionally, the injured worker appears to be taking the weaning process well. Based on the CA MTUS Chronic Pain Medical Treatment Guidelines the request is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #45 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are lower back pain; contusion of chest; contusion of hand, right; lumbar DDD; myofascial pain; poor coping; shoulder, joint pain; cervical DDD; and left knee pain, status post surgery. Subjectively, the injured worker has multiple chronic pain sites including, neck, back, shoulders and chest with paresthesias in the right fingers. Motor examination was normal and there was tenderness over the trapezius and cervical facet joints. There was tenderness to palpation over the left intercostal muscles. Norco was started in June 6, 2014 in addition to tramadol, Neurontin and Naprosyn. There was no clinical rationale medical record for Norco use. The documentation did not contain evidence of objective functional improvement. Additionally, the injured worker was taking a second opiate, tramadol, concurrently. There was no clinical rationale for the use of two opiates documented in the medical record. Medical records did not contain documentation of risk assessments, pain assessments or urine drug screens. Consequently, absent clinical documentation to support the ongoing use of Norco with objective functional improvement, Norco 10/325#45 is not medically necessary.