MAXIMUS Federal Services

Case Number:	CM14-0218917		
Date Assigned:	01/05/2015	Date of Injury:	08/31/2010
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 58 year old male with a date of injury as 08/31/2010. The diagnoses include left cervical facet pain, bilateral lumbar facet mediated pain, and cervical myofascial pain. Previous treatments include left-sided cervical radio-frequency medial branch block neurotomy testing, bilateral medial branch blocks, left cervical radio-frequency, medications, home exercise program, chiropractic treatments, heat/ice, and tai chi. Report dated 12/30/2014 noted that the injured worker presented with complaints that included pain in his neck and upper back, residual numbness. The injured worker noted that his pain has improved significantly after receiving both cervical and lumbar radio-frequency procedures. Medication regimen consisted of hydrocodone, Soma, and Ambien. There have been previous attempts at weaning from opiates, but the injured worker experienced increased axial pain. Physical examination revealed stiff mobility, trigger point tenderness with twitch response and referral, trigger points hurt with rotation, improved lumbar range of motion, and positive pelvic tilt test. The physician felt that the injured worker was having a myofascial exacerbation. The records indicate use of hydrocodone since 05/2014. Pain level on 12/30/2014 was recorded as 7 out of 10, prior pain level from the previous visit was recorded as 4 out of 10. The injured worker is currently working part time. The utilization review performed on 12/11/2014 modified a prescription for hydrocodone based on no significant functional improvement attributable to the opiates prescribed. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 150.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Weaning of Opioids (specific guidelines), American Pain Society (APS), and the American Academy of Pain Medicine (AAPM) Guidelines

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

Decision rationale: The injured worker sustained a work related injury on 08/31/2010. The medical records provided indicate the diagnosis of left cervical facet pain, bilateral lumbar facet mediated pain, and cervical myofascial pain. Previous treatments include left-sided cervical radio-frequency medial branch block neurotomy testing, bilateral medial branch blocks, left cervical radio-frequency, medications, home exercise program, chiropractic treatments, heat/ice, and tai chi. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg QTY: 150.00. The MTUS recommends short term use of opioids for moderate to severe pain unresponsive to other medications, The MTUS states the major concern about the use of opioids for chronic pain is that controlled trials have been limited to a short-term period (70 days). The records indicate the injured worker has not made substantial improvement despite the use of the medication. The MTUS recommends discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. Therefore, the requested treatment is not medically necessary and appropriate.