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| Case Number: | CM15-0102399 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 05/29/2002 |
| Decision Date: | 07/03/2015 | UR Denial Date: | 05/18/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male injured worker suffered an industrial injury on 05/29/2002. The diagnoses included cervical spondylosis with myelopathy and radiculopathy, severe central spinal stenosis with cord compression, multilevel lumbar degenerative disc disease, post-laminectomy syndrome, and lumbar radiculopathy. The injured worker had been treated with 5 lumbar surgeries, lumbar epidural steroid injections, nerve blocks, medications, and physical therapy. On 5/8/2015 the treating provider reported progressive weakness in both upper and lower extremities. He stated the pain was ongoing and the medications have been keeping the pain at a tolerable level. He had trouble with walking, standing and using the hands and complaints of headaches and electrical jolting pain. He reported urinary, bowel incontinence and dysuria. The pain was rated 4 to 5/10 with medications and 10/10 without medications. He continued to use a cane and wheelchair for mobility. On exam there was tenderness to the cervical spine and appeared to be in moderate distress. The motor exam revealed significant weakness and unable to perform grip strength. The sensory exam was decreased in all fields. The lumbar spine had tenderness. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325 mg #100 is not medically necessary and appropriate.