

Case Number:	CM15-0012474		
Date Assigned:	01/30/2015	Date of Injury:	03/31/2012
Decision Date:	03/19/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/21/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 50 year old male patient, who sustained an industrial injury on 03/31/2012. A primary treating periodic report and request for authorization dated 12/16/2014 applied the following diagnoses; axial skeletal pain dominant in the mid thoracic and right periscapular area; nondisplaced right posterior 11th rib fracture, thoracic degenerative disc dysfunction, lumbar sacral strain, left leg strain, and left lower extremity radicular symptoms (weakness/hypesthesia). The patient had subjective complaints of pain increased with bending, lifting and twisting motions and also radiates across mid and low back. Cold damp weather affects him and he's noted with muscle spasms that radiate down his posteriolateral legs to bilateral feet. He is prescribed the following medications; Pristiq, Colace, Norco 10/325, Omeprazole and Lyrica. Physical examination found him unable to sit secondary to pain. His left clavicle was deformed and rotated, along with the left 6th rib remained mildly protuberant and tender. The thoracic right spine showed paravertebral spasm bilaterally. Deep pressure on the lower thoracic spine caused pain with mild sighing. In addition, thoracic spine muscle spasm and trigger points were found. On 12/31/2014 Utilization Review non-certified a request for Norco 10/325, noting the Ca MTUS Chronic Pain, Opioids was cited. the injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #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 Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain 'except for short use for severe cases, not to exceed 2 weeks.' The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 'ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.' The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since in excess of the recommended 2-week limit. As such, the request for Norco 10/325 MG #60 is not medically necessary.