

Case Number:	CM15-0013006		
Date Assigned:	01/30/2015	Date of Injury:	10/15/2008
Decision Date:	03/26/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/22/2015

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 injured worker is a 51-year-old male with a reported date of injury of 10/15/2008. The mechanism of injury was the injured worker fell off a backhoe. His diagnoses included bilateral upper and lower cervical facet joint pain, cervical facet joint arthropathy, central disc protrusions at C5-6 and C6-, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, chronic neck pain, chronic low back. His medications included Norco 10/325 mg, Neurontin 600 mg, Soma 3 times a day, Ambien 10 mg, Lidoderm patch, Celebrex, omeprazole 20 mg, medical THC. The injured worker has received radiofrequency nerve ablation to facet joints at C2-3 and C4-5, diagnostic right C2-3 and right C4-5 facet joint medial branch blocks, diagnostic left C2-3 and left C4-5 facet joint medial branch blocks, diagnostic bilateral L4-5 and L5-S1 facet joint medial branch blocks. The injured worker has received a cervical MRI on 07/09/2012, with indications of C5 through C7 9 mm central canal stenosis due to a 3.5 mm posterior disc osteophyte complex. A cervical MRI on 11/03/2011, an EMG/NCV on 01/09/2012, and a lumbar MRI on 11/10/2008. A lumbar MRI on 11/03/2011, an MRI without contrast to the lumbar spine on 03/18/2011, and a lumbar MRI performed on 04/12/2012. An EMG on 04/05/2011. There is severe bilateral neural foraminal stenosis, C6-7, eight mm central canal stenosis due to a 3.5 mm posterocentral protrusion and osteophyte complex, there is severe bilateral neural foraminal stenosis. The progress report dated 13/16/2014 documented the injured worker was up-to date with a pain contract and previous urine drug screens have been consistent with prescribed medications. He stated a 50% improvement of his pain and activities of daily living with his pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity not indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Norco 10/325mg quantity not indicated is not medically necessary. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. There was a lack of documentation regarding proper pain assessment, side effects of the medication, evidence of urine drug screen, CURES review, and a drug contract. There was also a lack of documentation regarding objective functional improvement with the medication. The request does not include dosing information, or quantity. The request for Norco 10/325 mg, quantity not indicated, is not medically necessary.