

Case Number:	CM15-0013126		
Date Assigned:	01/30/2015	Date of Injury:	11/22/2011
Decision Date:	03/19/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, Ohio, California
 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 45 year old male, who sustained an industrial injury on 01/22/2011. The diagnoses have included cervical disc protrusion, cervical radiculopathy, lumbar sprain/strain, lumbar disc protrusion, and lumbar radiculopathy. Noted treatments to date have included medications. No diagnostic studies noted in received medical records. In a progress note dated 12/22/2014, the injured worker presented with complaints of constant neck pain radiating to the upper extremity and constant low back pain radiating to the lower extremity with numbness and tingling. The treating physician reported the pain level without medication is 10/10 and decreased to 6/10 with the use of medication. Utilization Review determination on 01/07/2015 non-certified the request for Norco 10/325mg #120 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: The applicant is a represented [REDACTED] who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 22, 2011. In a Utilization Review Report dated January 12, 2013, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a December 22, 2014 progress note, the applicant reported multifocal complaints of neck and low back pain. The applicant was given refills of Neurontin, Motrin, and Norco. It was suggested that the applicant was using Norco at a rate of four tablets daily. The applicant reported 10/10 pain complaints without medications versus 6-7/10 pain with medications. Upper and lower extremity paresthesias were evident. The applicant's work status was not provided. Drug testing was performed. REFERRAL QUESTIONS: 1. No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not furnished on the December 22, 2014 progress note on which Norco was renewed. While the attending provider did recount some reduction in pain scores from 10/10 to 7/10, reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the attending provider's failure to document the applicant's work status, coupled with the attending provider's failure to outline any meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 80, When to Continue Opioids topic.