

Case Number:	CM15-0015356		
Date Assigned:	02/03/2015	Date of Injury:	02/07/2005
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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, California

Certification(s)/Specialty: Family Practice

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, who sustained an industrial injury on 2/7/2005. He has reported severe neck and low back pain with associated headaches and radiation to extremities and restricted Range of Motion (ROM). Magnetic Resonance Imaging (MRI) significant for disc protrusions, disc bulge, neural foraminal narrowing and bilateral facet joint hypertrophy. The diagnoses have included spinal stenosis, multilevel disc disease with radiculopathy, status post cervical fusion 10/6/14. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesics, muscle relaxer, steroid epidural injection, cognitive behavioral therapy, physical therapy, and hot/cold therapy. Currently, the IW complains of persistent severe neck and low back pain with radiation to upper and lower extremities. Physical examination September 2014 documented restricted Range of Motion (ROM) and weakness with positive Magnetic Resonance Imaging (MRI) and positive electromyogram findings. Plan of care included Cervical and Lumbar spine care per the spine surgeon. The injured worker subsequently underwent cervical fusion with hardware in October 2014. The medication list includes Norco, Anaprox, Prilosec, Topamax, Cymbalta, Cialis, MS contin, Prozac, Xanax, Soma and Neurontin. He has had a urine drug toxicology report that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Criteria For Use Of Opioids, Therapeutic Trial of Opioids Page(s): 76.

Decision rationale: Request: Norco 10/325mg #180 Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. The response to lower doses of opioids or to less potent opioids was not specified in the records provided Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #180 is not established for this patient.