

Case Number:	CM15-0111033		
Date Assigned:	06/17/2015	Date of Injury:	03/01/2002
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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 59-year-old male who reported an industrial injury on 3/1/2002. His diagnoses, and/or impressions, are noted to include questionable worsening cervical spine with radiculitis; questionable worsening thoracic spine pain; questionable worsening multi-level lumbar disc degeneration with protrusions, spondylosis, spinal stenosis and facet ligamentous hypertrophic changes and radiculitis; lumbar annular tear with lumbosacral stenosis and radiculopathy; and thoracic strain. No current imaging studies are noted. His treatments have included diagnostic magnetic resonance imaging studies of the cervical and lumbar spine (5/2014); electromyogram and nerve conduction velocity studies (2005 & on 6/26/14 - normal findings); x-rays of the cervical spine (5/14/14); computed tomography studies of the lumbosacral spine (2007); medication management; and rest from work. The progress notes of 4/27/2015 noted a return visit for re-evaluation of his neck, upper & low back, bilateral shoulders and arms, and left leg complaints. Reported were complaints of moderate-severe low back pain with pins/needles, burning and stabbing, which is severe in the upper back; moderate-severe pain in the left leg; severe burning/stabbing bilateral shoulder pain with pins/needles that goes down both upper extremities; and bilateral hand pain. Objective findings were noted to include an antalgic gait; tenderness in the paraspinal musculature of the thoracolumbar region, spasms over the lumbar spine with decreased range-of-motion; and decreased sensation at the bilateral lumbar dermatomes. The physician's requests for treatments were noted to include the weaning of Norco over 45 days, for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids.

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 for this chronic injury of 2002. 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 Qty 60 is not medically necessary and appropriate.