

Case Number:	CM15-0111443		
Date Assigned:	06/17/2015	Date of Injury:	11/04/2011
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 39 year old man sustained an industrial injury on 11/4/2011 after a 15-foot fall. Evaluations include brain CT scan dated 11/4/2011 and an undated lumbar spine MRI. Diagnoses include post-concussion syndrome, depression, headaches, neck pain, low back pain, lumbar discogenic pain syndrome, lumbar stenosis, lumbar radiculitis, and myalgia. Treatment has included oral medications. Physician notes dated 5/7/1015 show complaints of headache, thoracic and lumbar spine pain, left wrist pain, loss of smell, short term memory loss, lack of organization, and depression. The worker rates his pain 8/10 without medications and 4-7/10 with medications. His average pain rating is 5-6/10. Recommendations include psychotherapy, physical therapy, internal medicine consultation, Norco, Omeprazole, Cyclobenzaprine, Naproxen, urine drug screen, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post concussion syndrome; depression; headache; neck pain; low back pain; lumbar discogenic pain syndrome; lumbar stenosis; lumbar radiculitis; and myalgias. The date of injury is November 4, 2011. The earliest progress note containing a Norco 10/325mg prescription is dated October 20, 2014. Subjectively, the worker had complaints of upper back and lower back pain and headache. Pain scores were 6-7/10. Norco was continued through January 2, 2015 with an unchanged pain score and symptoms. The most recent progress note dated May 7, 2015 (request authorization May 26, 2015) show the injured worker had similar complaints for the pain score of 6-7/10. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There has been no attempt at weaning Norco. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing Norco, risk assessments, detailed pain assessments, and attempted weaning opiates, Norco 10/325mg # 120 is not medically necessary.