

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0113345 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 07/09/2013 |
| Decision Date: | 07/21/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/11/2015 |

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, Pain Management

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 57 year old female who sustained an industrial injury on July 9, 2013. She has reported complaints of the cervical spine, lumbar spine, bilateral upper extremities, and right lower extremity pain and has been diagnosed with chronic cervical strain, rule out disc herniation, chronic lumbar strain, and rule out lumbar disc herniation, bilateral arm pain, and circumferential bulge at L2-L3 with a probable small annular tear. Treatment has included medications, rest, physical therapy, medical imaging, and chiropractic care. Examination of the cervical spine revealed decreased range of motion. Cervical compression test was positive bilaterally with radiation to the elbows. Examination of the lumbar spine revealed decreased range of motion. Straight leg raise test was positive on the right at 60 degrees with radiation of pain to the left thigh as well as the calf and positive on the left at 70 degrees with radiation of pain into the calf. The treatment request included Norco. A urine drug screen performed on December 15, 2014 is negative for all substances. Hydrocodone was documented as prescribed. A progress report dated December 15, 2014 states that Norco reduces the patient's pain from 9/10 to 4/10. The note goes on to state that there are no signs of abuse, overuse, or adverse reactions. A urine toxicology screen was requested and the patient's work status includes lifting limited to 15 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet by mouth every 6-8 hours as needed for pain, quantity 90:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. It is acknowledged, that there is no specific documentation of functional improvement, and the most recent urine drug screen was negative for Norco. Since the medicine is being prescribed on an as needed basis, it is possible that the patient had not utilized Norco for a couple days prior to the testing. However, this is not been clarified in subsequent visit notes. A one month prescription should allow the requesting physician time to address the above issues. As such, the currently requested Norco is medically necessary.