

Case Number:	CM15-0115924		
Date Assigned:	06/24/2015	Date of Injury:	07/02/2012
Decision Date:	07/29/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/16/2015

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: Pennsylvania
 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:

The injured worker is a 53 year old female who sustained an industrial injury on 7/2/2012. The mechanism of injury was described as being struck from behind by a pallet jack, falling forcefully backward, hitting her head against the metal portion of the jack with the rest of her body hitting the cement floor. The current diagnoses are cervical degenerative disc disease, cervical spondylosis, status post cervical fusion, cervical radiculitis, lumbar degenerative disc disease, degenerative spondylolisthesis, lumbar spine instability, lumbar sacral radiculitis, and obesity. Treatment and evaluation to date has included medication management, physical therapy (no benefit), MRI studies, electrodiagnostic testing, and surgical intervention. Norco has been prescribed since at least January 2015. According to the progress report dated 5/20/2015, the injured worker complains of constant, severe lower back pain with frequent radiation of pain down her left leg and occasionally down her right leg associated with frequent numbness and tingling in her left leg to the level of her foot. Additionally, she reports occasional left-sided neck pain with occasional radiation of pain down her left arm associated with constant numbness and tingling. The level of pain is not rated. The physical examination of the of the lumbar spine reveals severe tenderness over the spinous processes, especially at the lower lumbar levels, mild-to-moderate tenderness over the paraspinal muscles, moderate tenderness over the sacroiliac joints, and mild tenderness over the right sciatic nerve with moderate tenderness over the left sciatic nerve. Examination of the cervical spine reveals painful and restricted range of motion. The current medications are Norco and Flexeril. A request for Norco has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg (unknown amount): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for at least four months. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." The MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, there is no documentation of improvement in pain or function. Work status was noted as temporarily totally disabled, and there was no discussion of specific improvements in activities of daily living as a result of use of norco. Additionally, there is no documentation of "the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts". Therefore, based on MTUS guidelines and submitted medical records, the request for Norco is not medically necessary.