

Case Number:	CM15-0116506		
Date Assigned:	06/24/2015	Date of Injury:	04/20/2008
Decision Date:	09/03/2015	UR Denial Date:	06/09/2015
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: 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 51 year old male, who sustained an industrial injury on 4-20-08. The diagnoses have included cervical degenerative disc disease (DDD), lumbar Herniated Nucleus Pulposus (HNP), bilateral shoulder rotator cuff tears, depression, anxiety, and gastritis. Treatment to date has included medications, activity modifications, diagnostics, injections, bracing, and physical therapy. Currently, as per the physician progress note dated 3-3-15, the injured worker complains of ongoing pain in the neck with associated headaches and radicular symptoms in the bilateral upper extremities and increased pain in the right knee. The pain is rated 9 out of 10 on pain scale and decrease to 6 out of 10 with medications. The current medications included Anaprox, Norco, Prilosec, Soma, Valium, medicinal marijuana, and Ultracet. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral upper extremities. The objective findings reveal cervical tenderness, increased muscle rigidity, palpable trigger points, and decreased cervical range of motion with muscle guarding. There is left shoulder tenderness noted and sensory is decreased along the lateral arm and forearm bilaterally. The lumbar spine reveals tenderness, increased muscle rigidity, trigger points and decreased range of motion with muscle guarding. The right knee reveals tenderness, crepitus with range of motion and swelling. The straight leg raise is positive bilaterally. There is no previous urine drug screen reports noted in the records. The physician requested treatment included Norco 10-325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page 74-96.

Decision rationale: MTUS Guidelines cite 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 results 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. 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 2008 injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #150 is not medically necessary and appropriate.