

Case Number:	CM15-0123170		
Date Assigned:	07/07/2015	Date of Injury:	03/19/2004
Decision Date:	07/31/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/25/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55-year-old male who sustained an industrial injury on 03/19/04. Initial complaints and diagnoses are not available. Treatments to date include medications, back and neck surgeries, epidural steroid injection, a shoulder injection, physical therapy, bone stimulator, and a back brace. Diagnostic studies include MRIs of the thoracic and lumbar spines as electro diagnostic studies of the bilateral lower extremities. Current complaints include chronic neck, mid back, and low back pain. Current diagnoses include cervical, thoracic, and lumbar radiculopathy; lumbar post laminectomy syndrome, migraine headaches, myofascial pain and muscle spasms. In a progress note dated 05/13/15 the treating provider reports the plan of care as continued medications including Norco, Sumatriptan, and Prevacid, as well as a thoracic epidural steroid injection. The requested treatment includes Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120 with No Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325 MG #120 with No Refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The MTUS recommends clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has also had an inconsistent urine toxicology screen on 5/15/15. For these reasons and the fact that there is no clear evidence of significant functional improvement on Norco the request for continued Norco is not medically necessary.