

Case Number:	CM15-0123540		
Date Assigned:	07/08/2015	Date of Injury:	12/17/2009
Decision Date:	08/10/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, 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 42 year old male, who sustained an industrial injury on 12/17/09. The injured worker was diagnosed as having chronic pain, lumbar facet arthropathy, lumbar radiculopathy, L4-5 annular fissure and left shoulder pain, status post left shoulder surgery. Treatment to date has included oral medications including Norco 10/325mg, Omeprazole, Ibuprofen 800mg, Zanaflex, trigger point injections and activity restrictions. (MRI) magnetic resonance imaging of lumbar spine was performed on 1/23/15 and 9/27/10 and revealed disc bulge and mild facet arthropathy. Currently on 5/29/15, the injured worker complains of neck pain with radiation down bilateral upper extremities accompanied by numbness in bilateral upper extremities, aggravated by activity, flexion/extension and walking and low back pain with radiation to bilateral buttocks accompanied by numbness in bilateral lower extremities to level of the feet, aggravated by activity, sitting and walking; he also complains of frequent muscle spasms in the low back bilaterally. He rates the pain 5/10 with medications and 6-7/10 without medications and notes it has worsened since last visit. The injured worker notes 60% improvement in function with use of muscle relaxant, opioid pain medication. He is temporarily totally disabled. Physical exam on 5/20/15 noted tenderness on palpation of spinal vertebral area L4-S1 levels with moderately limited range of motion due to pain and tenderness to palpation of left anterior shoulder with decreased range of motion due to pain. Documentation noted the injured worker has utilized Norco since prior to 11/13/14. The treatment plan included request for continuation of current medications and a lumbar transforaminal steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 150 (1 every 4-6 hrs): Upheld

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

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

Decision rationale: According to CA MTUS guidelines long-term use of opioids is discouraged unless there is ongoing review and documentation of pain relief and improvement of functional status. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, low how long it takes for pain relief and how long relief lasts. The injured worker noted improvement in function and worsening pain and the treating physician did not document improvement in pain or improvement in function. The MTUS recommends prescribing of opioids according to function, with specific functional goals, return to work, random drug testing, and opioid contract. It is noted a pain contract is on file and the injured worker is monitored by periodic urinary drug testing; however, there are no documented results. At the most recent visit, the injured worker reported he had no change in pain since previous visit. The injured worker has received Norco for at least six months. There is no documentation of a urine drug test nor is the pain assessment complete. For these reasons, the request for Norco is not medically necessary.