

Case Number:	CM15-0128298		
Date Assigned:	07/15/2015	Date of Injury:	02/19/2013
Decision Date:	09/08/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 39 year old male, who sustained an industrial injury on 02/19/2013 when he was involved in a motor vehicle accident. Treatment to date has included medications, physical therapy and epidural injection. According to a neurology report dated 02/09/2015, the injured worker was taking Hydrocodone 5-6 tablets per day for the last year or so and Ibuprofen as needed once or twice a week for migrainous headache pain. On 02/19/2015, the injured worker underwent a left C5-6 transforaminal epidural steroid injection. According to a progress report dated 05/29/2015, the injured worker continued to complain of head pain, neck pain, upper back pain, rib pain, chest pain, shoulder pain, left arm pain and face pain. Since his last follow up pain had remained about the same. He reported that his face was always numb. He reported neck pain was numb with burns and stabs in his neck. The shoulder, left arm and hand were burning. He had burning all over. The provider noted that he did nothing so he did not irritate any of his problems. He reported that since his injuries that the pain had affected him emotionally and he was feeling that the injury was killing him and affecting his life. The pain socially affected him from doing anything anymore with family and friends and at work which affected him financially as he had been unable to work. He was unable to do yard work. He had severe limitations with playing with the kids and playing with his band. Moderate limitations with housework were noted. Slight limitations with getting dressed were noted. He continued to take Norco 10/325 mg to help with the pain. The provider noted that the examination was basically unchanged. Lateral bending left and right, flexion and extension of lumbar spine were about 25% decreased. Cervical spine to flexion, extension, lateral bending left and right and

rotation left and right were also about 25% decreased. Assessment included ongoing multiple body parts, cervical disc protrusion in the neck, ongoing mid to low back pain and possible psychiatric complications following workmen's compensation injury. He was currently not working. The treatment plan included renewal of Norco 10/325 mg #150 up to 5 pills a day. Currently under review is the request for Norco 10/325 mg #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 Qty 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids Page(s): 9, 78.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS Guidelines state that on-going management of opioid therapy should include 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 the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care with the use of Norco. The treating provider did not document current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was documentation of possible psychiatric complications. A psychiatric consultation was recommended. It is unclear if this occurred. The medical necessity for this request was not established. The requested treatment is not medically necessary.