

Case Number:	CM15-0177198		
Date Assigned:	09/17/2015	Date of Injury:	08/21/2012
Decision Date:	10/27/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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, Hawaii
 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 53 year old male, who sustained an industrial injury on August 21, 2012. He reported an electrocution from a ladder and a fall onto the cement landing on his head and his back. The injured worker was evaluated on August 4, 2015 and reported persistent pain in the neck which he rated a 7 on a 10-point scale. His cervical spine pain was rated 6-7 on a 10-point scale during his April 6, 2015 evaluation. He reported low back pain which he rated a 7-9 on a 10-point scale. He rated his lumbar spine pain a 6-7 on a 10-point scale during his April 6, 2015 evaluation. He had radiation of pain to both legs. He noted that his pain is made better with rest and medications. He used one to two Norco per day which reduced his pain from a 7 on a 10- point scale to a 3-4 on a 10-point scale and Motrin helped reduce his pain from a 7 on a 10-point scale to a 4-5 on a 10-point scale. On physical examination, the injured worker had a loss of cervical spine and lumbar spine range of motion. He had palpable muscular hypertonicity and tenderness of the cervical spine. He had a positive cervical compression test on the left with radiation of pain to the upper arm and lateral forearm. He had positive right straight leg raise at 60 degrees with radiation of pain to the posterior thigh and anterolateral lower leg. The injured worker was diagnosed as having blunt head trauma with loss of consciousness and ongoing headaches; post traumatic concussion syndrome; multi-level disc disease with a 4 mm central posterior disc bulge at C5-C6 with borderline left C6 nerve root compression per MRI dated July, 2013; multi-level disc disease with a 5 mm central and right lateral disc herniation at L5-S1 per MRI dated July, 2013; history of left side rib fractures and history of electrocution. Treatment to date has included chiropractic therapy, diagnostic imaging, work restrictions, and

pain medications. A request for authorization for Norco 10-325 mg #90 was received on August 19, 2015. On August 25, 2015, the Utilization Review physician determined Norco tab 10-325 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The medical records indicate the patient has ongoing moderate to severe pain in the neck and low back along with pain into the lower extremities bilaterally. The current request for consideration is Norco 10/325mg #90. The attending physician report dated 8/12/15 page (4c) indicates the patient's pain is made better with rest and medications. He notes the patient has no signs of adverse drug reaction, over use and an updated urinary drug screen which is consistent for Hydrocodone. The patient is working modified duty. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, there is clear documentation of the 4 A's. The patient is working modified duty. Records indicate pain levels have decreased from 7/10 without medication to 3/10 with medication. The treating doctor has noted that the patient has no signs of adverse drug behavior, over use and has an updated and consistent urinary drug screening. The current request is medically necessary.