

Case Number:	CM15-0040006		
Date Assigned:	03/10/2015	Date of Injury:	10/04/2013
Decision Date:	04/20/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 52 year old male, who sustained an industrial injury on 10/4/13. The injured worker has complaints of persistent constant cervical spine pain with radiation into the left upper extremity with numbness and tingling and constant chronic lumbar spine pain with radiation to the left lower extremity with numbness and tingling. The diagnoses have included cervical spine herniated nucleus pulposus. Magnetic Resonance Imaging (MRI) of the lumbar spine and cervical spine was done on 3/14/14. An electromyogram/nerve conduction velocity of the cervical spine and both upper extremities and lumbar spine and both lower extremities was done 6/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (cervical and lumbar only): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with pain and weakness in his neck, lower back and upper/ lower extremities. The request is for NORCO 10/325MG FOR CERVICAL AND LUMBAR ONLY. The patient has been utilizing Norco since at least 03/19/14. The patient remains off work until 01/15/15. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As --analgesia, ADLs, adverse side effects, and adverse behavior--, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In this case, the treater has addressed urine drug screenings on 07/28/14, 08/26/14, 11/18/14 and 12/29/14. But the four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Furthermore, the treater requested for Norco without the indication of quantity. The request IS NOT medically necessary.