

Case Number:	CM15-0066860		
Date Assigned:	04/14/2015	Date of Injury:	10/18/2000
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/08/2015

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 Jersey
 Certification(s)/Specialty: Family Practice

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 66-year-old male patient who sustained an industrial injury on 10/18/2000. Previous diagnostic testing to include: radiography study, computerized tomography, the patient did undergo surgical intervention on 09/21/2011. An orthopedic follow up visit dated 08/12/2013 reported the patient continuing to improve, status post back surgery almost two years prior, but still requiring Norco every twenty-four hours. His chronic neck pain is noted tolerable and related to overhead reaching. The impression noted painful pseudoarthrosis C6-7. The plan of care involved no surgical intervention, and follow up quarterly. A recent orthopedic follow up visit dated 01/22/2015 reported the patient cannot get by with less than Norco 10/325mg two every twenty-four hours. The patient has subjective complaint of mostly neck pain. The plan of care noted recommendation for a pain management dealing with chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to support the need for ongoing use of Norco. There was incomplete reporting of levels of pain with and without use of the medication, nor any report of functional gain directly related to the Norco use. Without clear and documented evidence of benefit with Norco, the request for renewal of two months of Norco use will be considered medically unnecessary at this time.