

Case Number:	CM15-0073914		
Date Assigned:	04/24/2015	Date of Injury:	01/14/2011
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/17/2015

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: Indiana

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 34 year old male who sustained an industrial injury on 01/14/2011. Diagnoses include facet syndrome of the cervical spine, likely involving C4-C5, and C5-C6 and possibly C6-C7, C3-C4 findings as well as including cervicogenic headaches, status post C5-C6 and C6-C7 disc replacement, and right and left shoulder tendonitis. Treatment to date has included diagnostic studies, cervical surgery, medications, physical therapy, cervical facet medial branch dorsal ramus blocks, injections, and activity modifications. A physician progress note dated 03/23/2015 documents the injured worker received a cervical facet median branch dorsal ramus block on 01/27/2015 and had good pain relief although he does have some residual symptoms and some stiffness. Lumbar range of motion is limited secondary to pain. Palpable spasms are noted. Spurling's test is positive. The treatment plan includes transferring care to pain management and follow up care. Treatment requested is for Norco 10/325mg 1-2 every 4-6 hours as needed for pain #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 every 4-6 hours as needed for pain #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) and Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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 last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The quantity request is in excess of the guidelines. As such, the request is not medically necessary.