

Case Number:	CM15-0077839		
Date Assigned:	04/28/2015	Date of Injury:	10/15/2004
Decision Date:	06/05/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/21/2015

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 55 year old female, who sustained an industrial injury on 10/15/04. The injured worker was diagnosed as having chronic intractable low back pain, status post lumbosacral sprain/strain, chronic intractable neck pain, status post anterior cervical discectomy and fusion at C5-6, chronic pain syndrome with onset of secondary anxiety and depression. Treatment to date has included cervical discectomy and fusion at C5-C6, oral medications including Norco, Baclofen, Lyrica, Amitriptyline, Alprazolam, Tramadol, Klonopin and Prozac, cane for ambulation, physical therapy and home exercise program. The injured worker restarted Norco following discontinuation of Tylenol with Codeine the previous month due to gastro-esophageal reflux and not relieving the pain. Urine drug testing performed in September 2014 was found to be consistent for medications prescribed. Currently, the injured worker complains of chronic low back pain and chronic intractable neck pain. She reports moderate to severe pain rated 7/10 with medications. Physical exam noted tenderness to palpation of back and an antalgic gait. The treatment plan included refills for Norco 10/325 mg every 6 hours for pain, #120 and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablet 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS 2010 Revision, Web Edition and Official Disability Guidelines, Web Edition.

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), Neck and Upper Back (Acute and Chronic), Low Back, Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder 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 there should be an 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. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg #120 is not medically necessary.