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| Case Number: | CM15-0091167 | | |
| Date Assigned: | 05/15/2015 | Date of Injury: | 08/04/2011 |
| Decision Date: | 06/18/2015 | UR Denial Date: | 04/17/2015 |
| Priority: | Standard | Application Received: | 05/12/2015 |

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 55 year old male with an industrial injury dated 08/04/2011. He reports onset of neck and back pain as well as bilateral upper extremity pain and numbness over the last few years of his employment. Prior treatment included medications, and diagnostics. He presented on 03/23/2015 complaining of neck pain radiating down bilateral upper extremities. He also complains of low back pain that radiates down the bilateral lower extremities. Pain is rated as 5/10 in intensity on average with medications and 9/10 in intensity on average without medications. He reports limitations in activities of daily living. He is post cervical epidural steroid injection with good overall improvement for 3 months. He also reports the use of opioid pain medication is helpful and has a 70% improvement due to therapy. Areas of functional improvement include bathing, brushing teeth, dressing, driving, and mood, sitting, standing and typing shoes. Physical exam noted him to be alert, oriented and cooperative with antalgic gait and using a cane. Cervical exam noted tenderness in the cervical spine with limited range of motion. Lumbar inspection showed no gross abnormality. There was tenderness to palpation and range of motion was decreased. MRI done on 05/01/2013 showed multi-level degenerative disc disease and multi-level bilateral moderate to severe neural foraminal narrowing. The provider documents CURES report was consistent. Urine drug test done 12/07/2014 showed no inconsistency.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated decreased in medical utilization or change in functional and work status. There is no evidence presented results from random drug testing to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #110 is not medically necessary or appropriate.