

Case Number:	CM14-0142015		
Date Assigned:	09/10/2014	Date of Injury:	02/07/2005
Decision Date:	10/17/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 11/02/2009. The mechanism of injury was when the injured worker was rear ended by an 18 wheeler and injuring his back due to whiplash. The injured worker has a diagnoses of cervical spondylosis primarily C4-5 and C5-6 and degenerative disc disease at the lumbosacral spine at L5-S1 with radiculopathy to the left lower extremity. Past medical treatments consisted of physical therapy, epidural steroid injections, and medication therapy. Medications included Norco 10/325 mg. On 06/27/2014, the injured worker underwent an EMG/nerve conduction velocity of the upper and lower extremities which revealed evidence of mild acute C6 radiculopathy on the left and evidence of mild acute L5 radiculopathy on the left. On 08/18/2014, the injured worker complained of back pain. The examination of the cervical spine revealed that the injured worker could not hold his head upright without the support of the brace unless he tried very hard. There was no abnormal lordosis, kyphosis, or scoliosis. There was tenderness to palpation primarily at C4-5 and C5-6. There was moderate paraspinal muscle guarding and tenderness. The examination also revealed that there was moderate occipital tenderness and moderate to moderately severe trapezius spasm with tenderness. There was a range of motion that revealed flexion at 45 degrees, extension at 20 degrees, left lateral side bending at 15 degrees, right lateral side bending at 15 degrees, left rotation at 45 degrees, and right rotation at 45 degrees. The sensory examination revealed that there was hypesthesia of the left upper extremity particularly involving the thumb and index finger. The examination of the lumbar spine revealed that there was spinous process tenderness primarily at the L5-S1 level. There was moderate paraspinal muscle guarding with tenderness. There was a slight to moderate left sciatic notch tenderness and negative right sciatic not tenderness. The range of motion revealed the flexion at 40 degrees, extension at 5 degrees with

increased pain, left lateral side bending at 10 degrees, and right lateral side bending at 10 degrees. The provider felt that the use of Norco is necessary to help maintain pain levels in the injured worker. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 6 tablets daily PRN #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78-98.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that the usual dose is 5/500 mg with 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain with a maximum of 8 tablets per day. The guidelines also state that prescriptions should be from a single practitioner taken as directed and all prescriptions should be from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The MTUS also states that there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A 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 injured worker's decreased pain, increased level of function, or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. The submitted documentation lacked any indication of the injured worker having any side effects with the medication. Furthermore, there was no evidence that the Norco was helping the injured worker with any functional deficits. Additionally, there was no assessment showing what the injured worker's pain levels were before, during, and after the medication. The report also lacked any evidence of drug screens or a urinalysis showing that the injured worker was in compliance with the medications. Given the above, the injured worker is not within the MTUS Guidelines. As such, the request for Norco 10/325 mg 6 tablets daily with a quantity of 180 tablets is not medically necessary.