MAXIMUS Federal Services

Case Number:	CM14-0004741		
Date Assigned:	01/22/2014	Date of Injury:	12/06/2000
Decision Date:	06/12/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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 Sports Medicine, and is licensed to practice in Texas. 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 58-year-old who reported an injury on December 6, 2000. Per the clinical note dated 12/13/2013 the injured worker reported continued low back pain with sciatic type pain that occasionally extended to the back of the left heel, bilateral groin and hip pain, left flank pain, and numbness extending down bilateral legs occasionally. The injured worker rated his pain at 5/10 with medications and 10/10 without medications. The injured worker's medication regimen included Norco 10/325mg and Senna. On physical exam the injured worker was reported to have tenderness to palpation at the L5-S1 region and a positive sitting straight leg raise bilaterally. Sensation was decreased to bilateral lower extremities. Diagnoses for the injured worker included lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, degenerative lumbar/lumbosacral intervertebral disc, and other abnormal clinical findings. The request for authorization for medical treatment was dated December 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90 WITH 3 REFILLS: 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): 78-80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The guidelines state that for chronic back pain opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (greater than sixteen weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another; however, for continuous pain the guidelines recommend extended-release opioids. The documentation provided reported the injured worker had been utilizing this medication for an extended period of time. There was a lack of documentation indicating the injured worker had significant functional improvement with the medication. It was unclear when the injured worker last underwent urine drug screening to monitor the injured workers compliance with the prescribed medication regimen. The request for Norco 10/325mg, niety count with three refills, is not medically necessary or appropriate.