

Case Number:	CM14-0100244		
Date Assigned:	09/23/2014	Date of Injury:	07/15/1996
Decision Date:	10/24/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 and is licensed to practice in Illinois. 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 62-year-old male who reported injury on 07/15/1996. The mechanism of injury was not indicated. The injured worker had diagnoses of lumbosacral radiculitis, lumbosacral neuritis, a history of lumbar disc protrusion, spondylolisthesis, and status post L5-S1 posterior lumbar fusion. Prior treatments were not indicated within the medical records provided. The injured worker had an MRI of the lumbar spine on 09/04/2008 with the official report indicating status post L5-S1 laminectomy with posterior fusion and prosthetic disc, anatomic alignment, multilevel degenerative disc disease with mild facet bulges were present at L2-3, L3-4, and L4-5, and no central canal stenosis or foraminal compromise. Surgeries included a L5-S1 posterior lumbar fusion in 2005. The injured worker had complaints of back pain and rated the pain at 6/10. The clinical note dated 06/02/2014 noted the injured worker had tenderness to palpation with restrictions in flexion and extension secondary to pain of the lumbosacral paraspinal regions bilaterally, intact rotation and side bending, muscle testing across all myotomes were 5/5, sensory to light touch was intact across all dermatomes, bilateral patellar and Achilles reflexes were normal and symmetrical at 2/4, and a negative Babinski and straight leg raise. Medications included Norco and Valium. The treatment plan included Norco and for the injured worker to follow up in 1 month. The rationale was not indicated within the medical records provided. The request for authorization form was received on 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325mg #180 is not medically necessary. The injured worker had complaints of back pain and rated the pain at 6/10. The California MTUS Guidelines recommend the lowest possible dose of opioids should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should 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 the 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 use of Norco for chronic back pain appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 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 a lack of documentation of an accurate pain assessment to include the injured worker's current pain, the least reported pain over the period since the last assessment, average pain, intensity of the pain after taking the opioid, how long it took for pain relief, and how long pain relief lasted. Furthermore, the injured worker had complaints of chronic back pain for which the guidelines recommend the short-term use of opioids, as long-term efficacy (greater than 16 weeks) is unclear. It is noted the injured worker had been prescribed Norco for at least 2 years, which exceeds the guideline recommendation for short-term use. Additionally, the request as submitted did not specify a frequency of use. As such, the request is not medically necessary.