

Case Number:	CM14-0129498		
Date Assigned:	08/18/2014	Date of Injury:	07/06/2010
Decision Date:	09/11/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family Medicine, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 sustained a work-related injury on July 13, 2010 during which time she was lifting a pallet at work and developed back pain radiating down the right leg. Subsequently she underwent a microdiscectomy on December 8, 2010. Essentially, she's had fairly stable back pain, on a 5/10 level, with periodic exacerbations since then. Her most recent examination revealed that she can flex lumbar spine 45 and that she had paraspinal muscle spasm in the lumbosacral region. She has been taking Norco 10/325 mg 3 to 4 times daily since her surgery. She apparently does not take any other pain medication. She has been evaluated by a psychologist and is thought to have an adjustment disorder with a mixture of depression and anxiety although she does not appear to be taking any psychiatric medication. There is a reference to a qualified medical exam from June 28, 2011 which gives her the diagnosis of failed spinal surgery, nerve root irritation, possible SI joint dysfunction, and probable lower back strain. A previous request to continue her Norco was denied with the advice that she be weaned from this medication so as not to precipitate withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 QID pm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/IBUPROFEN, OPIOIDS.

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

Decision rationale: Opioids for back pain appear to be efficacious but limited for short-term pain relief with long-term efficacy unclear beyond 16 weeks. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. For the ongoing management of chronic opioid therapy the practitioner should conduct 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 the 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. Additionally there should be a continuing review of overall situation with regard to non-opioid means of pain control. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in three months. A psychiatric consult to be considered if there is evidence of depression, anxiety, or irritability. There should be a consideration given towards discontinuing the opioids if there is no overall improvement in function unless there are extenuating circumstances. If opioids are to be discontinued, weaning should occur under direct ongoing medical supervision is a slow taper in most circumstances. In this particular situation, there is no evidence that medications other than opioids have been tried, that there has been any improvement in pain or functionality, or that the injured worker has been referred to a pain management specialist. Therefore, Norco 10/325 mg is not medically necessary.