

Case Number:	CM14-0128728		
Date Assigned:	08/18/2014	Date of Injury:	01/31/2007
Decision Date:	02/12/2015	UR Denial Date:	08/05/2014
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 Internal Medicine and is licensed to practice in California. 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 (IW) is a 31-year-old man with a date of injury of January 31, 2007. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are long-term use, high-risk medications; lumbar degenerative disc disease; lumbosacral or thoracic neuritis; and myofascial pain. The documentation is handwritten and largely illegible. Pursuant to the most recent note in the medical record dated July 25, 2014, the IW reports no change since last visit. The low back pain is radiating to the lower extremity. Objectively, lumbar facet loading is positive bilaterally. Sleep is poor. There are no other objective findings documented by the treating physician. Treatment plan recommendations include request for radiofrequency ablation of L3-L5 bilaterally. There is an entry in the treatment plan reporting medications helpful with no side effects. However, there are no medications listed in the progress report. There are copies of several prescriptions in the medical record for Norco 10/325mg, the earliest being January 15, 2014. There are no pain assessments in the medical record. There is no evidence of objective functional improvement associated with the ongoing use of Norco. There is no documentation in the most recent progress note (7/25/14) with rationale for the ongoing need for Norco. The current request is for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg count #60 purpose of weaning to discontinue, over a weaning period of 2 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Section, Opiates. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. The original request was for Norco 10/325mg #60 on the RFA. Ongoing, chronic use of opiates requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed pain and function. In this case, the injured worker is 31 years old with a date of injury January 31, 2007. The injured worker's working diagnoses are long-term use, high-risk medications; lumbar degenerative disc disease; and lumbosacral or thoracic neuritis. The documentation is handwritten and largely illegible. The request date was July 25, 2014. There are two progress notes numerical record one dated June 25, 2014 and the other dated July 25, 2014 that relate to the requested Norco. The documentation does not contain any evidence of objective functional improvement. There is no documentation of moderate to severe pain. There are no subjective inquiries regarding the VAS scale. There is no clinical rationale or clinical indication for the ongoing use of opiates pursuant to the documentation. Utilization review modified the Norco 10/325 mg #60 request to Norco 10/325 mg #64 purposes of weaning to discontinue over a weaning period of two months. Consequently, Norco 10/325 mg #60 is not medically necessary.