MAXIMUS Federal Services

Case Number:	CM14-0186753		
Date Assigned:	11/14/2014	Date of Injury:	12/19/1997
Decision Date:	02/18/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana
Certification(s)/Specialty: Neurology

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 52 Year old female with a date of injury of 12/19/1997. The report of the mechanism of injury is not provided. Since the time of the Injury, the IW continues to report chronic low back pain and is status post lumbar laminectomy at L4-L5, and L5-S1 with a posterior lumbar interbody fusion of PLIF. It is also reported she has had the hardware removed. The physical examination provided from a progress note dated 10/3/2014 is notable for a slight decrease in range of motion in the lumbar spine (a 15 degree deficit in forward flexion and 10 degree deficit in flexion with lateral bending revealing a 5 degree deficiency on both the right and left sides). The lower extremity motor exam is noted to have a slight decrease in power (the treating physician rates this a 5-/5, although this is not a standard classification based on the accepted Medical Research Council evaluation system). The Achilles reflex is also noted to be decreased bilaterally. An MRI from 6/8/2012 of the lumbar spine is referenced in this report and states there is a Grade 1 anterolisthesis at L5-S1 level. The inter-body fusion at L4-l5 and L5-S1 is reported to be solid. With respect to her pain control, the IW has been on opioid therapy since the time of her injury. In 2002, the IW had intrathecal infusion pump to administer morphine. Although this was reported to reduce her pain level by 75%, it had to be removed less than four weeks later because the catheter tip broke and she developed and infection. Since that time, the IW has been receiving oral opioid therapy including MS Contin, Norco, and Avinza (at 120 mg three times per day). The IW has also been receiving lumbar epidural steroid injections on a routine basis (reported as twice per year). Although it is stated by the treating physicians that the use of Opioids are necessary for the IW to perform her activities of daily living (ADL's), there is

not a functional assessment included nor evidence of a urine drug screen included in this report despite on the on-going treatment. A previous request for a prescription of Norco 10/325 mg for 360 tablets was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg x360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids; Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On going Management Page(s): 78.

Decision rationale: Per the recommendations of the Chronic Pain Medical Treatment Guidelines regarding the ongoing management of pain with opioids, the practitioner should be assessing pain relief, functional status with the medication, side effects and appropriate medication use. The patient should also be participating in drug screening to verify compliance with the treatment plan. The treating physician should also address non-opioid means of pain control. In this case, it is reported the IW has been treated with opioids since the time of the injury in 1997. There is no evidence in the reports that a true functional assessment is being performed other than the comment the IW is not able to do her activities of daily living without the opioids. There is also no report provided that verifies the IW is having routine drug screens to verify compliance with the treatment plan. Considering the lack of compliance with the guidelines for on-going treatment of pain with opioids the request for continued use of Norco 10/325 mg (360 tablets) is not medically necessary.