MAXIMUS Federal Services

Case Number:	CM14-0193357		
Date Assigned:	12/01/2014	Date of Injury:	02/25/1993
Decision Date:	01/13/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 patient is a 69 year old male who sustained a work related injury on February 25, 1993. No mechanism of injury was noted. He continues to experience chronic low back pain radiating down his legs and to the right groin. Past surgical procedures include an anterior lumbar interbody fusion L4-5, L5-S1; left herniated nucleus pulposus lumbar 3-4; left shoulder arthroscopy; and multiple hernia repairs without specific dates of intervention documented. According to the treating physician's progress report of October 1, 2014, the injured worker also received two ilioinguinal injections with transient relief. Medications consist of Neurontin, Lyrica and Norco. No work status is documented. The treating physician requested Norco 5/325mg with 2 refills for breakthrough pain. On November 11, 2014, the Utilization Review denied the prescription for Norco 5/325mg with 2 refills and approved Norco 5/325mg with no refills. Citation used in the decision process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30 (x 2 refills): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, decrease level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are status post anterior lumbar interbody fusion L4 L5, L5-S1; herniated disc L3 - L4; status post left shoulder arthroscopy; status post multiple hernia repairs and the urologic diagnosis. The date of injury is 1993. The indication for Norco has been ongoing pain. The injured worker has been taking Norco for an unknown period of time. There is no documentation in the medical record indicating efficacy of the narcotic in terms of reducing the patient's pain symptoms and increasing activities of daily living. There is no documentation of objective functional improvement. There is no documentation of risk assessment including a pain contract and urine drug screens to determine risk assessment. Chronic pain medical guidelines do not recommend narcotics for long-term use. Consequently, absent the appropriate clinical documentation and objective functional improvement, Norco 5/325 #30 with two refills is not medically necessary.