

Case Number:	CM14-0202912		
Date Assigned:	12/15/2014	Date of Injury:	01/30/2008
Decision Date:	01/31/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice and is licensed to practice in New Jersey. 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 worker is a 58 year old male who was injured on 1/30/2008. He was diagnosed with lumbar disc displacement, lumbar strain, lumbar radiculitis, left thoracic strain, and left cervical radiculitis. However, his low back pain persisted chronically. He was treated with medications, epidural injection, and chiropractic treatments. Epidural injection was performed on 7/11/2014. On 10/31/14, the worker was seen by his pain specialist reporting continued low back pain and right radicular pain, however since his last epidural this pain reportedly had been reduced by 90%. He reported stopping the Norco 5/325 mg only until recently because of the dramatic reduction in pain, but recently had been taking it regularly because of a worsening of the pain again (not quantified). Physical examination findings included tenderness to right paraspinals over lumbar area, positive straight leg raise on right, and decreased sensation over right L5 and S1 dermatomes. He was recommended another epidural injection as well as to continue the Norco as needed only.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was being recommended as needed, which had been used in the past for chronic low back pain. However, there was insufficient evidence to suggest this complete review had taken place regarding the Norco. There was no documented evidence to show functional improvements or pain reduction with its regular or as needed use. Also, the worker was able to stop the Norco because of his most recent epidural injection, which was wearing off to some extent (not quantified in the note). A request for another injection was made, which was the most helpful for him. Considering, the Norco, however, there was insufficient evidence of benefit for using it chronically as such and will be considered medically unnecessary. The request is not medically necessary.