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| Case Number: | CM14-0203048 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 06/17/2002 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 10/30/2014 |
| 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. 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, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35 year old male who sustained a work related injury on 6/17/2002 while lifting a wheelbarrow full of soil and injured his lower back. Per the Progress Report dated 10/13/2014 the injured worker reports occasional stabbing pain in the right buttock and toe and otherwise denies any radicular pain. He denies any paresthesias. He rates the pain as 7 out of 10 without medication and 1-2 out of 10 with medication. The pain is described as dull and achy but is described as sharp with forward flexion. Objective physical examination reveals lumbar spine tenderness to palpation, and with flexion and extension. Straight leg raise test is negative bilaterally. Diagnoses include lumbago, chronic pain syndrome, lumbosacral spondylosis, drug dependence unspecified abuse, herniated lumbar disc and degenerative disc disease. The plan of care includes medication management and follow-up care. Work Status is not provided. On 10/30/2014, Utilization Review non-certified a prescription for Norco 5/325mg #45 based on lack of documented medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #45 is not medically necessary. Ongoing, chronic opiate use 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, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are DDD lumbar region; lumbago; chronic pain syndrome; lumbosacral spondylosis without myelopathy; unspecified drug dependence, unspecified abuse; and herniation lumbar disc. Subjectively, the injured worker complains of low back pain that occasionally radiates the right buttock and toe. Objectively, the lumbar spine is tentative palpation. The neurological exam was intact. The documentation did not contain pain assessments, risk assessments or evidence of objective functional improvement as it relates to Norco. A progress note dated October 13, 2014 states the injured worker reports his last Norco refill was June 2013. The documentation, however, indicates the injured worker gets monthly refills as far back as June 9, 2014 (the oldest progress note in the medical record. The documentation from month-to-month is a reiteration of the prior months. Consequently, absent clinical documentation to support the ongoing use of Norco with objective functional improvement, risk assessments and detailed pain assessments, Norco 10/325 mg #45 is not medically necessary.