

Case Number:	CM15-0004203		
Date Assigned:	01/15/2015	Date of Injury:	12/15/2008
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/08/2015

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:

The injured worker is a 47 year old male, who sustained an industrial injury on 12/15/2008. The diagnoses have included chronic right lumbar radiculopathy, secondary insomnia, secondary depression, and status post right inguinal hernia repair. Treatments to date have included medications. Diagnostics to date have included normal urine toxicology screen and MRI which showed multilevel degenerative disc disease and right L3-4 disc protrusion. In a progress note dated 10/14/2014, the injured worker presented with complaints of low back pain. The treating physician noted the injured worker to continue Norco every 12 hours as needed for pain for a total number of #60. Utilization Review determination on 12/10/2014 non-certified the request for Norco citing American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, every 12 hours, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 q 12 hours #60 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, 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's working diagnoses are chronic right lumbar radiculopathy with chronic low back pain; secondary insomnia due to diagnosis #1; secondary depression due to diagnosis #1; status post right inguinal hernia repair on 5/18/2009 with good results, minimal aching to the right groin. Subjectively, the injured worker complains of low back pain radiating down the right leg greater than left leg. The injured worker has sleep difficulties and depression due to pain. Objectively, altered sensation as noted in the right foot overlying the L5 - S1 dermatome light touch. There is tenderness palpation over the lumbar paraspinal muscle groups on the right. There are two progress notes in the medical record. The earliest progress note August 5, 2014 indicates the injured worker was using Norco at that time. The subsequent and, second, progress note is dated October 15, 2014. The documentation does not contain evidence of objective functional improvement associated with long-term Norco use. The request for authorization does not provide a strength for Norco. The documentation does not contain a pain detail pain assessment or risk assessment. Consequently, absent clinical documentation with evidence of objective functional improvement as it relates to ongoing Norco and a hours #60 is not medically necessary.