

Case Number:	CM15-0007491		
Date Assigned:	01/26/2015	Date of Injury:	09/28/2011
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/13/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 45 year old male who sustained an industrial injury on 09/28/2011. He has a history of persistent low back pain with an increase in severity over the last 12 months. Diagnoses include degenerative of intervertebral disc, lumbar facet arthropathy, lumbar degenerative disc disease, fibromyalgia, anxiety and depression. Treatment has included medications, injections, home exercise program, and therapy. A physician progress note dated 12/12/2014 documents the injured worker has persistent left low back and hip pain along with right knee pain. Radicular symptoms have resolved. He notes new mild pain in the thoracic spine which he describes as burning. Pain is describes as aching, band like, sharp and stabbing. Baseline pain is rated as 5 out of 10. Examination revealed a wide based gait and antalgic favoring the right. There was weakness in the left hip muscles. Treating provider is requesting Norco 10/325mg, # 90. On 12/24/2014 the Utilization review modified the request for Norco 10/325mg, # 90 to Norco 10/325mg, # 90 for one month, and cited California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain 'except for short use for severe cases, not to exceed 2 weeks.' The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 'ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.' The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325 #90 is not medically necessary.