MAXIMUS Federal Services

Case Number:	CM15-0008265		
Date Assigned:	01/26/2015	Date of Injury:	10/24/2005
Decision Date:	03/18/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/14/2015

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:

This 57 year old male sustained an industrial injury on 10/24/05, with subsequent ongoing low back pain. Magnetic resonance imaging lumbar spine (3/20012) showed laminectomy L3-L4 and L5-S1, central disk at L5-S1, central disk herniation at L3-L4 and right central disk at L4-L5. In a PR-2 dated 12/16/14, the injured worker rated his pain at 10/10 on the visual analog scale without medication, limiting activities of daily living as well as social and family interactions. With medications, his pain improved to 7/10 at best. Current medications included MS Contin 15 mg three times a day, Norco 10/325mg six times a day, Trazadone 50 mg one to two times a day and Ambien 10 mg at bedtime. The injured worker also used a TENS unit. Objective findings were noted as no significant change. Current diagnoses included status post microdiscectomy at L3-4 and redo discectomy at L5-S1. The treatment plan included continuing current medication regimen and obtaining a urine drug screen. On 1/8/15, Utilization Review noncertified a retrospective request for Norco 10/325mg #360 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360: 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 10/325mg #360 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. In this case, the injured worker's working diagnoses are status post microdiscectomy at L3-L4, redo discectomy at L5-S1 on 1/6/2009; prior history of discectomy at L5-S1 in January 2006; x-ray of the lumbar spine on 6/8/2010 showed mild degenerative changes with disc desiccations at L5-S1, no significant change from prior study in 2007; MRI of the L-spine, March 2012 showed laminectomy L3-L4 and L5-S1, central disc at L5-S1, central disc herniation at L3-L4, right paracentral disc at L4-L5. Subjectively, the injured worker has ongoing low back pain. Medications provide significant relief. Premedication VAS is 10/10. Post medication is VAS 7/10. Objectively, the injured worker is wearing a back brace. There is tenderness to palpation of the lumbosacral junction. Muscle spasms are noted. The range of motion is decreased of flexion and extension. Medications include MS Contin 15mg, Norco 10/325mg, Trazadone 50mg, Ambien 10mg, Colace 100mg, and Tens unit. The documentation indicates Norco10/325 mg was prescribed as far back as September 5, 2012. There is no clinical rationale in the medical record for the dual use of MS Contin and Norco. In 2012, the injured worker was taking Norco 10/325 three times per day. In 2014, the injured worker increased his intake to Norco 10/325 mg six times per day. The documentation contains objective functional improvement as it relates to both narcotics Norco and MS Contin. However, the injured worker has been taking two narcotics concurrently for over a two-year period (doubling the Norco from 3 to 6 per day) with no clinical rationale or attempt at weaning one of the two opiates. Consequently, absent clinical documentation showing an attempt to wean one of the two opiates in conjunction with the clinical rationale explaining the concurrent use of two opiates, Norco 10/325 mg #360 is not medically necessary.