

Case Number:	CM15-0008359		
Date Assigned:	01/27/2015	Date of Injury:	10/31/2005
Decision Date:	03/17/2015	UR Denial Date:	01/05/2015
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:

The injured worker is a 64 year old female patient, who sustained an industrial injury on 10/31/2005. A primary treating visit dated 12/16/2014 reported the patient returning for medication management and continues with left sided low back and thigh pain without any change. She reported taking the medications as prescribed which allowed her to function with daily activities. The pain is described as frequently occurring, sharp, shooting, burning pain. It is associated with numbness to the right foot. Diagnostic testing showed radiography imaging performed 10/24/2014 found 1mm of anterolisthesis with a minimal disc bulge; without canal or foraminal compromise and joint noted unremarkable. There is also a Schmorl's node in the superior endplate of the lumbar spine without edema suggesting chronicity. Minimal disc degeneration seen and no evidence for central spine canal or neural foraminal compromise. Electric nerve study performed on 11/01/2013 demonstrating a left L5/S1 radiculopathy and bilateral sensory neuropathy. Multiple magnetic resonance images noted performed, 06/18/2013 lumbar showed L4-5 facet arthrosis with minor anterolisthesis but no foraminal compromise noted and L4-5 disc degeneration with 1-2mm of anterolisthesis. She is diagnosed with lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy and thoracic or lumbosacral neuritis or radiculitis, unspecified. On 12/31/2014 Utilization Review non-certified the request for Norco 10/325 MG, noting the CA MTUS Chronic Pain opioids was cited. The injured worker submitted an application for independent medical review on 01/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 82, 86.

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 #100 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 to improve pain and function. In this case, the injured worker's working diagnoses are lumbosacral spondylosis without myelopathy; displacement of lumbar intervertebral disc without myelopathy; and thoracic or lumbosacral neuritis or radiculitis unspecified. Subjectively, the injured worker complains of left-sided low back pain (without change). She reports 80% improvement in pain relief medications. Medications have been taken without change in prescription. Objectively, lumbar spine range of motion is preserved (?). Straight leg raising his negative bilaterally sensation tested is intact to light touch and reflexes are normal. The earliest progress note in the medical record is August 26, 2014. Norco was prescribed on August 26, 2014. The documentation does not contain evidence of objective functional improvement as it relates to Norco. The documentation does not contain detailed pain assessments or risk assessments. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco with absent pain assessments and risk assessments, Norco 10/325 mg #100 is not medically necessary.