

Case Number:	CM15-0008438		
Date Assigned:	02/23/2015	Date of Injury:	11/22/2011
Decision Date:	04/02/2015	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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 male patient, who sustained an industrial injury on 11/22/011. A primary treating office visit dated 01/08/2015 reported subjective complaint of persistent pain in his low back with radiation down the right lower extremity. He is scheduled for a repeat lumbar epidural steroid injection that following day, 01/09/2015. He is currently using the following medications; Norco 10/325, Celebrex 200, and Prilosec. Objective findings showed him with reduced lumbar range of motion. Straight leg raise noted positive in the right lower extremity. Magnetic resonance imaging (MRI) study performed on 11/25/2014 revealed grade II anterolisthesis at L5-S1. The following diagnoses are applied; chronic low back pain; segmental instability at L5-S1; per MRI 11/25/2014 grade II spondylolisthesis at L5-S1. He was given #60 Norco and continues working. A request was made for medication Norco 10/325, #60. On 01/05/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain Medical Treatment, Opioids was cited. On 01/14/2015, the injured worker submitted an application for independent medical review of service requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 11/20/14 Norco 10/325mg #60: Overturned

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

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

Decision rationale: ODG does not recommend the use of opioids for neck and 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 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. As such, the question for Norco 325/10mg # 60 is medically necessary.