

Case Number:	CM15-0104267		
Date Assigned:	06/08/2015	Date of Injury:	06/27/2002
Decision Date:	07/08/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 49-year-old male, who sustained an industrial injury on 06/27/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment and diagnostic studies to date has included laboratory studies and medication regimen. A 4/24/15 progress note indicates that the patient had a 7/10 pain level. In a progress note dated 05/07/2015 the treating physician reports complaints of low back pain that is constant with intermittent flare-ups with associated numbness and tingling along with sciatica. The pain is noted to be worsening with the pain radiating to the left leg to the ankle. The injured worker's current medication regimen includes Norco, Lidoderm Patches, Motrin, and Glucophage. The injured worker's pain level is rated a 9 out of 10, but he is also noted to have a pain level of an 8 out of 10. The documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication and after use of his medication to indicate the effects with the use of his current medication regimen. Also, the documented progress note provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician noted that the injured worker completed all of his Norco and has had a high pain level that has caused difficulty with sleep. The treating physician requested Norco 10/325mg with a quantity of 90 for pain.

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 ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Ongoing management Page(s): 80-83 and 78-80.

Decision rationale: Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that opioids are minimally indicated, if at all, for chronic non-specific back pain. The MTUS states that opioids are second line for neuropathic pain as there is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment in the regular progress reports. The documentation does not indicate that the opioids have had a significant improvement in pain. The 4/24/15 progress report indicated the patient's pain level was 7/10. Additionally, the progress reports do not specify an increase in function despite being on long term opioids. For all of these reasons the request for continued Norco is not medically necessary.