

Case Number:	CM15-0133558		
Date Assigned:	07/29/2015	Date of Injury:	05/09/2014
Decision Date:	09/01/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on 5/09/2014. He reported acute low back pain with bending/stooping activity. Diagnoses include industrially related exacerbation of low back pain subsequent to industrial trauma, status post lumbar disc surgery in 2002 with residual right lower extremity sciatica. Treatments to date include activity modification, medication therapy, physical therapy, and epidural steroid injection noted to not have been beneficial. Currently, he complained of no change in low back pain associated with pain radiating down bilateral lower extremities. On 6/24/15, the physical examination documented no abnormal physical findings. The plan of care included a prescription for Norco 10/325mg, one tablet four times daily, as needed, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation which showed evidence that this full review was completed recently regarding the Norco use, which was being used chronically leading up to this request for renewal. There was no report of measurable pain levels or functional abilities with and without this medication, which might have helped justify its continuation. Therefore, without this important evidence for appropriateness of use and effectiveness, the Norco will be considered medically unnecessary at this time.