

Case Number:	CM15-0135095		
Date Assigned:	07/23/2015	Date of Injury:	03/09/2006
Decision Date:	08/20/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/13/2015

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 52-year-old male, who sustained an industrial injury on 3/9/06. The injured worker has complaints of low back pain with radiation to right leg. The documentation noted that straight leg raise is positive at 30 degrees on right and 40 degrees on left with hamstring pull and back pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included Norco; Gabapentin; injections and baclofen. The request was for Norco 10/325mg tabs #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tabs #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 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 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; and lumbar disc disorder. The date of injury is March 9, 2006. Request for authorization is dated June 11, 2015. The earliest progress note containing a Norco prescription is dated September 4, 2014. The Norco start date is unspecified. Additional medications include Percocet 10 mg and baclofen. According to a June 10, 2015 progress note, the injured worker's subjective complaints include low back pain with radiation to the bilateral lower extremities. The injured worker is status post-lumbar fusion. The treating provider increased Norco 10/325 mg four per day. MS Contin now appears in the current medication list along with Percocet and Gabapentin. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There has been no attempt at weaning Norco in conjunction with other advanced opiate medications (MS Contin and Percocet). There is no documentation demonstrating objective functional improvement to support ongoing Norco use. Consequently, absent clinical documentation demonstrating objective functional improvement, attempted weaning with other advanced opiates (MS Contin Percocet), and attempted Norco weaning and no detailed pain assessment or risk assessments, Norco 10/325mg # 120 is not medically necessary.