

Case Number:	CM15-0143072		
Date Assigned:	08/04/2015	Date of Injury:	08/07/2004
Decision Date:	09/01/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/23/2015

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 46 year old female, who sustained an industrial injury on August 7, 2004. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included epidurography, medication, discogram and epidural steroid injections. Currently, the injured worker complains of low back pain that radiates to her left thigh and is rated at 8 on10. She reports the pain is aggravated by bending, twisting, lifting and prolonged sitting, standing and walking. The injured worker is diagnosed with disc protrusion at L5-S1, lumbar degenerative disc disease, lumbar sprain-strain and lumbar radiculopathy. Her work status is permanent and stationary. A note dated November 10, 2014, reports a change in condition due to worsened low back pain and decreased range of motion by 50%. A note dated February 5, 2015, states the injured worker has decreased range of motion in her low back area. A progress note dated May 13, 2015, states the injured worker experiences efficacy from Norco and allows her to engage in activities of daily living and experience improved function. The medication, Norco 10-325 mg #90 is requested to provide the injured continued worker pain relief.

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 Chronic Pain Treatment Guidelines Opioids; Opioids for chronic pain.

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

Decision rationale: Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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 MTUS supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The MTUS recommends UDS for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. The documentation submitted reveals no objective urine toxicology screens for review. The documentation does not reveal an updated signed pain contract. The documentation submitted does not reveal the above pain assessment as recommended by the MTUS. The request for continued Norco is not medically necessary.