

Case Number:	CM15-0144033		
Date Assigned:	08/05/2015	Date of Injury:	10/23/2009
Decision Date:	09/22/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/24/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 female, who sustained an industrial injury on 10-23-2009. The mechanism of injury is unclear. The injured worker was diagnosed as having lumbar degenerative changes with small disc bulging, lumbar discogenic pain, chronic low back pain, chronic bilateral L4-L5 radiculitis, chronic pain syndrome, lumbar myofascial pain, lumbar facet pain, and depression. Treatment to date has included urine drug screening (3-3-2015). The request is for Norco. On 3-3-2015, she reported her pain to have been stable over the past month due to the combination of Norco and Fentanyl. She indicated these medications to be helping in controlling her pain and allowing her to increase her activities of daily living. She rated her pain as 10 out of 10 without medications and 4-5 out of 10 with medications. She has increased pain with sitting and standing. Her medications are Norco, Cymbalta, Fentanyl, and Trazodone. Physical findings revealed a positive straight leg raise test on the right. The provider noted there was a signed opioid agreement in their office. She was given refills on Norco, and Fentanyl patches. On 5-27-2015, she reported low back pain with right leg pain. She has been taking Gabapentin at bedtime which she found helpful in helping her get out of bed easier, walk easier and sleep better. She indicated Norco and Fentanyl to help with her pain and allow her to increase her activities of daily living. She rated her pain as 10 out of 10 without medications, and 3-4 out of 10 with medications. She was given refills on Norco and Fentanyl patches, and Gabapentin. Her work status is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty 60: Overturned

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

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

Decision rationale: ODG does not recommend the use of opioids for 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 documents the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. CURES report, urine drug screen and opioid risk assessment have been included in the documentation provided. As such, the request for Norco 325/10mg # 120 is medically necessary.