

Case Number:	CM15-0144428		
Date Assigned:	08/05/2015	Date of Injury:	04/26/2001
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
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: 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 46 year old male who sustained an industrial injury on 4-26-01. Diagnoses are lumbago-low back pain, radiculitis; lumbar-thoracic, sciatica, and sacroiliac joint dysfunction. In a progress report dated 6-9-15, the primary treating physician notes the injured worker is stable on current medication and is having no side effects or sedation. He is able to perform some activities of daily living with medication, such as driving and self care, but is unable to do laundry, garden, or shop. Current medications are Norco, Oxycodone, and Soma. The injured worker complains of back pain. There is tenderness of the lumbar spine, tenderness at the facet joint, and decreased flexion, extension and lateral bending. The treatment plan is to continue current medication and reduce Oxycodone to twice a day. Work status is that he is permanently disabled. The requested treatment is Norco 10-325mg #180 (start 6-9-15 and end 7-8-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 (start 6/9/15 and end 7/8/15): Upheld

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

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 #180 (start date June 9, 2015 end date July 8, 2015) is not medically necessary. December 8 the eighth is used for there were 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 low back pain, lumbago; radiculitis lumbar, thoracic; sciatica; and SI joint dysfunction. Date of injury is April 26, 2001. Request for authorization is June 17, 2015. The earliest progress note in the medical record with a Norco 10/325mg is dated March 13, 2015. Subjective complaints include low back pain. Medications help. The injured worker's current medications are Oxycodone, Soma and Norco 10/325mg. The most recent progress note in the medical records dated June 9, 2015. The injured worker presented for a medication refill and has ongoing low back pain. There is no pain score in the medical record. Medication doses and frequency remain unchanged. There has been no tapering of Norco or oxycodone. Objectively, there is tenderness to palpation of the lumbar paraspinal muscle groups and decreased range of motion. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent clinical documentation with attempted weaning, detailed pain assessments, risk assessments and subjective improvement with a VAS pain scale, Norco 10/325mg #180 (start date June 9, 2015 end date July 8, 2015) is not medically necessary.