

Case Number:	CM15-0146754		
Date Assigned:	08/07/2015	Date of Injury:	02/16/1992
Decision Date:	09/11/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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:

This injured worker is a 60 year old male who reported an industrial injury on 2-16-1992. His diagnoses, and or impression, were noted to include: chronic spine pain; and post lumbar spine surgery syndrome. No current imaging studies were noted. His treatments were noted to include: 5 spinal surgeries; 3 implanted pain pumps; medication management; and return to work. The pain management progress notes of 7-9-2015 reported a follow-up visit for no change in his chronic lumbar spine and lower extremity pain; and that the pump and oral pain medications continue to be helpful in managing his pain and allowing him to continue working. Objective findings were noted to include: no acute distress; no appearance of sedation; the ability to transfer onto the treatment chair, unassisted, for his pump refill; his normal ambulation with his trunk held slightly forward flexed; and pain over the mid-distal lumbar spine, diffusely. The physician's requests for treatments were noted to include Norco which he used as a back-up, and utilized carefully to augment the intrathecal therapy, for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Therapeutic Trial of Opioids Page(s): 80-82, 76-80.

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. As such, the request for Norco 10/325mg, #60 is medically necessary.