MAXIMUS Federal Services

Case Number:	CM15-0149907		
Date Assigned:	08/13/2015	Date of Injury:	09/08/1993
Decision Date:	09/10/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/03/2015

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 56 year old male, who sustained an industrial injury on September 8, 1993, incurring low back and left hip injuries after falling from a telephone pole. Diagnostic imaging revealed lumbar disc disease with disc protrusion and lumbar stenosis. Treatment included epidural steroid injection, pain medications, anti-inflammatory drugs, transcutaneous electrical stimulation unit, antidepressants, neuropathic medications, and activity modifications, and surgical interventions including a fusion. Currently, the injured worker complained of ongoing low back pain radiating down the right lower extremity. Before pain medications, his pain level was 10 out of 10 and after pain medications, his level was 3 out of 10. He noted mild reduced range of motion with increased pain on extension. The treatment plan that was requested for authorization included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180 ([redacted] brand): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management and Opioids for chronic pain Page(s): 78-80 and 80-84.

Decision rationale: Norco 10/325 MG #180 ([redacted] brand) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a 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. Opioids are minimally indicated for neuropathic pain or non-specific chronic low back pain. The physical exam findings on 2/4/15 and 7/2/15 states that the objective findings are "no significant change" and the 7/30/15 exam findings reveal increased tenderness to lumbar paraspinal muscles with spasm. The MTUS states that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassement and consideration of alternative therapy. There is no evidence to recommend one opioid over another. 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. The progress note dated 7/2/15 which is when the Norco was refilled does not reveal evidence of the MTUS recommended pain assessment. The documentation describes that patient experiencing radicular symptoms and the MTUS notes that opioids are minimally indicated for neuropathic pain. It appears that the patient has stopped Cymbalta recently due to no change in neuropathic pain. Furthermore the recent physical exam findings reveal myofascial/muscle pain with spasm for which opoids are not indicated. For all of these reasons the request for Norco is not medically necessary.