

Case Number:	CM15-0160886		
Date Assigned:	08/27/2015	Date of Injury:	07/25/1980
Decision Date:	10/21/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male, who sustained an industrial injury on July 25, 1980. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar degenerative disc disease and lumbar postlaminectomy syndrome. Treatment to date has included exercise and medication. On July 2, 2015, the injured worker was reported to be doing very well with his home exercise program. Physical examination was unremarkable. The treatment plan included a new gym membership and Norco medication. On July 20, 2015, utilization review denied a request for Norco 10-325mg #80.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 7/2/15 progress report provided by the treating physician, this patient presents with no subjective complaints of pain. The treater has asked for Norco 10/325 MG #80 on 7/2/15. The request for authorization was not included in provided reports. The 7/2/15 report states that the patient has not been evaluated in over a year. The patient is "doing well" with a home exercise program, and also working out at the gym per 7/2/15 report. The patient has "not really been using [Norco] very much" per 7/2/15 report. Per 7/2/15 report, the treater states that the patient is to continue with Norco that he uses on a "when necessary basis" and will return to the clinic on an as-needed basis as well. The patient is currently working and performing duties without problems per 7/2/15 report. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. Patient is currently taking Norco as of 7/2/15 report, but patient has not been evaluated in over a year. It is not clear when Norco use was initiated per review of reports. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request IS NOT medically necessary.