

Case Number:	CM15-0166729		
Date Assigned:	09/04/2015	Date of Injury:	09/12/1964
Decision Date:	10/08/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 79 year old male who sustained an industrial injury on 9-12-64. His initial complaints and the nature of the injury are unavailable for review. The Pain Management Progress Report, dated 7-29-15, indicates that he presented to the office with complaints of low back pain. The report states that he underwent a lumbar laminectomy and failed spinal fusion in 1970. The injured worker reported that his pain "is becoming worse". He reported that it is "constant" and is "affecting his quality of life and physical and psychosocial activities". He rated his pain "8-9 out of 10". He reported that walking with a lumbar brace "is better". The treatment plan was to prescribe Norco, Soma, dicyclomine, Lidoderm patches, Gaviscon, Milk of Magnesia, and Aciphex. A prescription for ThermaCare heat wraps was also given. Other treatment recommendations were to request a gym membership for indoor physical therapy and heated pool, and request authorization for a repeat rhizotomy, as he had "10 months of relief from the last injection". On 8-4-15, Utilization Review non-certified the request for Norco 7.5/325 mg #180 and ThermaCare heat wraps #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #180: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as hydrocodone, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 7-29-15 included: documentation of the pain without medication, but not with medications; history of urine drug testing on 5-6-15, which was appropriate; no significant adverse effects or aberrant behavior; however, the notes did not include increased objective functional improvement and improved performance of necessary activities of daily living. Appropriate follow-up has been performed monthly, and per previous Utilization Review records, weaning of opioids had been recommended as indicated by the treatment guidelines. Based on the history of advised opioid weaning and no overall improved function documented, Norco 7.5/325 mg #180 is not medically necessary and appropriate for ongoing pain management.

Thermacare heat wraps #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, General Approach. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Cold/heat packs.

Decision rationale: According to the cited CA MTUS, relieving discomfort of low back pain can be accomplished most safely by nonprescription medication, or a non-steroidal anti-inflammatory drug (NSAID), appropriate adjustment of activity, and use of thermal modalities such as ice and/or heat. The ODG comments further and recommends heat packs only as an option for acute pain. The injured worker has a long-standing history of chronic low back pain, which is not acute in nature. Therefore, the request for ThermaCare heat wraps #60 is not medically necessary and appropriate.