

Case Number:	CM15-0167800		
Date Assigned:	09/09/2015	Date of Injury:	08/29/1995
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/26/2015

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, North Carolina
 Certification(s)/Specialty: 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:

This 69 year old male sustained an industrial injury to the low back on 8-29-95. The injured worker underwent lumbar decompression and fusion at L3 through S1 in 1996, hardware removal in 1997 and revision fusion at L3-4 in 2010. Recent treatment consisted of medication management. In a request for authorization dated 2-9-15, the injured worker complained of ongoing low back pain with radiation down the right leg, rated 7 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with tight lumbar paraspinal musculature, lumbar spine range of motion with flexion to 45 degrees and full extension over the knees. The injured worker could stand on his toes repeatedly. The treatment plan included continuing medications (Norco, Zoloft and Relafen). In a request for authorization dated 8-11-15, the injured worker reported that his low back pain was stable. The injured worker used Norco four times per day to decrease his low back and right leg pain. Without Norco, the injured worker became more sedentary. No physical exam was documented. Current diagnoses included status post lumbar decompression and fusion, pseudoarthrosis at L3-4 status post revision fusion, residual chronic low back pain with mild right radicular pain, history of diabetes mellitus, hypertension and stent placement and status post completion of a pain management agreement and informed consent. The treatment plan included functional restoration program evaluation, a transcutaneous electrical nerve stimulator unit, performing home exercise and continuing Norco and Zoloft. Utilization Review modified the request for Norco citing lack of documentation of functional improvement on Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 for chronic pain.

Decision rationale: According to CA MTUS Guidelines, opioids for chronic back pain appear effective, but should be limited for short-term pain relief. Long-term pain relief is limited. Continuance of long-term opioids is dependent on whether the patient has returned to work and had improved function and pain relief. In this case the patient does not show evidence of significant functional improvement as a result of the use of opioids. A visit on 8/11/15 revealed that the patient's back pain was stable, without improvement. Failure to improve should lead to consideration of alternative treatment. The patient has been recommended for weaning from opioids in the past, and he has had an adequate time to accomplish this. Therefore, the request is not medically necessary or appropriate.