

Case Number:	CM15-0169223		
Date Assigned:	09/09/2015	Date of Injury:	02/17/2006
Decision Date:	10/14/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male who sustained an industrial injury on February 17, 2006. The accident was described as while working carrying gutters and loading into a truck he experienced acute onset of pain in the middle of his back. Treatment to date included: activity modification, medication, injection, chiropractic care, physical therapy session. A primary follow up dated June 18, 2012 reported subjective complaint of chronic low back pain. He reports increasing pain due to being out of pain medication Norco for 15 days. There is noted discussion regarding treatment and even through surgery is recommended he is not interested. Objective assessment found the lumbar spine with pain elicited over the left paraspinal muscles and the left facet joint; without spasm. There was also a positive axial rotation on the left for pain. He was diagnosed with: radicular syndrome of the lower limbs; displacement of lumbar intervertebral disc. The plan of care noted refilling Norco 10 mg 325mg, and Opana and recommending a session of chiropractic care. A recent primary treating office visit dated August 06, 2015 reported subjective complaint of increased pain due to inability to obtain medications. He states the medications do help. He also is with complaint of heartburn. There is discussion noted that he states ibuprofen every other day with mention of possibly changing to Mobic due to the gastric complaint. There is also discussion regarding switching to Norco for pain as it is stronger than Ultram. Objective findings showed tenderness along the lumbar paraspinal muscles; iliolumbar and sacroiliac regions. Back pain is noted on range of motion with negative facet maneuver. The impression noted low back pain syndrome, mechanical, possible discogenic

low back pain with intermittent left lumbar radiculitis. The plan of care noted: continuing with Mobic, Norco and discontinue using Ibuprofen. He is to continue using Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and 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 does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco is not medically necessary.