

Case Number:	CM15-0184563		
Date Assigned:	09/25/2015	Date of Injury:	01/19/1999
Decision Date:	11/02/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/20/2015

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 62 year old male with an industrial injury dated 01-19-1999. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine in 2004, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. According to the progress note dated 4-20-2015, the injured worker reported ongoing low back pain and increased bilateral lumbar paraspinal tenderness with spasms. The injured worker reported that his pain has been so severe on occasion that he had to stay in bed for a couple of days. The injured worker rated pain an 8 out of 10 decreasing to 5 out of 10 with medications. He continues to struggle and states that it has been worse for the past 8 weeks. Objective findings (4-20-2015) revealed increased tenderness to the lumbar paraspinal muscles with spasm and decreased range of motion. According to the progress note dated 07-17-2015, the injured worker reported ongoing low back pain with increased neuropathic symptoms in the left lower extremity. Current treatment includes Norco 10-325mg, Voltaren gel, and transcutaneous electrical nerve stimulation (TENS) unit. Objective findings (07-17-2015) revealed tenderness to palpitation in the lumbar spine paraspinal muscles, full range of motion and positive straight leg raises on the left with radiating pain in the posterior thigh. Decreased sensation on the entire left leg compared to the right was also noted on exam. The treatment plan included updated Magnetic Resonance Imaging (MRI) of lumbar spine, physical therapy, medication management, and follow up visit. Medical records indicate that the injured worker has been on Norco 10-325 since at least 01-28-2015. The treating physician reported that the urine drug screen on 10-23-2014 was consistent with prescribed medications. The treating physician requested Norco 10-325 mg Qty 60, twice daily. The original utilization review determination (09-11-2015) denied the request for Norco 10-325 mg Qty 60, twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 60, twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Norco 10/325 mg Qty 60, twice daily is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. 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. 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. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is no evidence of recent objective urine toxicology for review. The documentation reveals that the patient has been on long term opioids without significant objective functional improvement. For these reasons, the request for Norco is not medically necessary.