

Case Number:	CM15-0186726		
Date Assigned:	09/28/2015	Date of Injury:	12/14/2009
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This injured worker is a 50-year-old male, who sustained an industrial injury on 12-24-2009. The injured worker was diagnosed as having lumbar post laminectomy syndrome with left L5-S1 radiculitis, status post posterior spinal fusion 01-2015, multilevel lumbar degenerative disc disease and chronic pain related to anxiety and depression. On medical records dated 08-24-2015 and 06-30-2015, the subjective complaints were noted as chronic low back pain with bilateral lower extremity paresthesia. Objective findings were noted as pain was 2 out of 10. Lumbar spine revealed loss of lordosis. On palpation there was bilateral lower lumbar paraspinal tenderness and 1+ spasm in the lower lumbar segment. Straight leg raise was positive. A decrease in functionally endurance for self-care and ambulation was noted. Treatment to date includes medication and 12 sessions of physical therapy. The injured worker was noted to be temporary total disability. Current medications were listed as Norco, Gabapentin, Flexeril, and Miralax. The injured worker was noted to be on Norco since at least 02-2015. The Utilization Review (UR) was dated 09-09-2015. A request for Norco 10/325mg, #120 was submitted. The UR submitted for this medical review indicated that the request for Norco 10/325mg #120 was non-certified.

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. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids/Medication.

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

Decision rationale: Norco 10/325mg, #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a 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 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). The prescribing physician describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. The documentation reveals that the patient has been on Norco without significant evidence of significant objective increase in function. Therefore, the request for continued Norco is not medically necessary.