

Case Number:	CM15-0187571		
Date Assigned:	09/29/2015	Date of Injury:	09/17/2012
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 33 year old male, who sustained an industrial injury on 9-17-2012. The medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, sciatica, degeneration of lumbar disc, and long-term use of medications. According to the progress report dated 7-23-2015, the injured worker presented with complaints of constant low back pain, which increases with prolonged sitting and walking. He reports numbness and tingling in the bilateral lower extremities. The level of pain is not rated. The physical examination of the lumbar spine did not reveal any significant findings. He notes that the medications do improve his tolerance for sitting and walking for longer periods, as well as performing activities of daily living with less pain. The current medications are Naproxen and Norco. There is documentation of ongoing treatment with Norco since at least 2014. Previous diagnostic studies include MRI of the lumbar spine. Treatments to date include medication management, physical therapy, and functional restoration program. Work status is described as permanent and stationary. The original utilization review (8-31-2015) had non-certified a request for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325MG #16: 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, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids with Norco since at least 2014 in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2012 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325MG #16 is not medically necessary and appropriate.