

Case Number:	CM15-0189270		
Date Assigned:	10/01/2015	Date of Injury:	11/27/2012
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 is a 58 year old male who sustained an industrial injury on 11-27-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain, lumbar radiculopathy, lumbar spinal stenosis and lumbar spondylolisthesis. According to the progress report dated 8-18-2015, the injured worker complained of low back pain that radiated down his legs. He reported numbness and tingling in both legs. He rated his pain without medications as 9 to 10 out of 10. He rated his pain with medications as 2 out of 10. The physical exam (8-18-2015) revealed positive straight leg raise on the left. There was decreased sensation in the left L4 distribution. There were mild, palpable spasms of the bilateral lumbar paraspinal muscles with positive twitch response. Treatment has included acupuncture, transforaminal epidural steroid injection and medications. The injured worker has been prescribed Norco since 3-24-2015. Norco was increased on 5-26-2015. The treatment plan 6-23-2015 was to wean Norco. Current medications (8-18-2015) included Cymbalta, Naproxen and Norco. The treating physician indicates (8-18-2015) that the urine drug testing was consistent. The original Utilization Review (UR) (8-27-2015) modified a request for Norco to allow one refill for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, QID/PRN breakthrough pain: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 QID prn breakthrough pain is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar sprain strain; lumbar radiculopathy; lumbar spinal stenosis; and lumbar spondylolisthesis. Date of injury is November 27, 2012. Request for authorization is August 20, 2015. According to a progress note dated May 24, 2015, the treating provider prescribed Norco 5/325mg in addition to net person. According to a May 26, 2015 progress note, the treating provider increased Norco 5/325 mg to Norco 10/325 mg despite a 50% subjective pain relief. According to an August 18, 2015 progress note, subjective complaints included low back pain with lower extremity radicular symptoms. Objectively, motor examination is unremarkable with negative straight leg raising and palpable spasms in the lumbar paraspinal muscle groups. Medications include Naprosyn, Norco and Cymbalta. Cymbalta is used for musculoskeletal chronic pain. The documentation does not indicate whether symptomatic improvement is related to Norco, Naprosyn or Cymbalta. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation with detail pain assessments or risk assessments, and no documentation demonstrating whether symptomatic improvement is related to Norco, Naprosyn or Cymbalta, Norco 10/325mg # 60 QID prn breakthrough pain is not medically necessary.