

Case Number:	CM15-0189374		
Date Assigned:	10/01/2015	Date of Injury:	04/07/2004
Decision Date:	11/10/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application	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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 63 year old female who reported an industrial injury on 4-7-2004. Her diagnoses, and or impressions, were noted to include: low back pain; inter-vertebral disc disorders with radiculopathy, thoracolumbar region; and lumbar radiculopathy. No current imaging studies were noted. Her treatments were noted to include: lumbar fusion surgery (2006); "TFLESI" (4-11-14) - very effective; "CESI" (3-20-13) - ineffective; medication management with toxicology studies; and physical therapy. The progress notes of 9-11-2015 reported: that she returned for a scheduled medication check; that she was overall doing well on her medications, however her bilateral radiculopathy had returned, requesting repeat "TFLESI"; increased back pain across the lumbar spine, rated 7 out of 10, that radiated into the bilateral lower extremities and buttocks, was exacerbated by all physical activities, and was alleviated by rest, heat-ice, and medication. The objective findings were noted to include: that her facial expressions indicated pain; severe tenderness at the bilateral sciatic notches; and positive bilateral straight leg raise test, seated. The physician's requests for treatment were noted to include Norco 10-325 mg, 1 tablet every 4 hours as needed for pain, 30 days, for a total of 180, start on 9-11-2015 and end on 10-10-2015. His current medication list noted Hydrocodone-acetaminophen 5-325 mg, #16 for 3 days, to be started on 7-13-2015. The Request for Authorization for Norco 10-325 mg, #180, was not noted in the medical records provided. The Utilization Review of 9-18-2015 non-certified the request for Norco 10-325 mg, #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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 (Classification).

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.