

Case Number:	CM15-0189954		
Date Assigned:	10/02/2015	Date of Injury:	11/14/2005
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This injured worker is a 69 year old female, who sustained an industrial injury on 11-14-2005. The injured worker was diagnosed as having lumbar degenerative disc disease with radiculopathy - multilevel, lumbar neuroforaminal stenosis at L3-L4, L4-L5 and L5-S1 levels bilaterally, lumbar facet arthropathy at L3-L4, L4-L5 and L5-S1 levels bilaterally and myofascial pain. On medical records dated 08-25-2015 and 06-25-2015, the subjective complaints were noted as left low back pain, and left knee pain, that has increased considerably in last month. Objective findings were noted as lumbar spine range of motion was full in flexion, extension, lateral rotation and lateral bending with no increase in concordant pain in any planes. Straight leg test was positive on the left. Patrick-Gaenslen's test was positive as well for SI arthropathy. Treatments to date included medication and epidural steroid injections which she was noted to have 50% improvement. Current medications were listed as Lidoderm 5% film, Norco, Exforge, Crestor, Doxazocin, and Bystolic. The injured worker was noted to be on Norco since at least 03-2015. The Utilization Review (UR) was dated 09-10-2015. A Request for Authorization was dated 09-03-2015 for Norco 325-10mg 1 tab orally 5x day #300 was submitted. The UR submitted for this medical review indicated that the request for Norco 325-10mg 1 tab orally 5 x days #300 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325/10mg 1 tab orally 5x/day #300: 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, Opioids, pain treatment agreement.

Decision rationale: The MTUS Guidelines cite 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 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. 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. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 325/10mg 1 tab orally 5x/day #300 is not medically necessary and appropriate.