

Case Number:	CM15-0190084		
Date Assigned:	10/02/2015	Date of Injury:	03/23/1998
Decision Date:	11/09/2015	UR Denial Date:	09/25/2015
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:

The injured worker is a 65 year old female who sustained an industrial injury on 3-23-98. The assessment is noted as chronic back pain with left leg sciatica secondary to spondylolisthesis-foraminal stenosis L5-S1 left sided, chronic anemia by history and diabetes mellitus (under control by history). Previous treatment includes medication, MRI-lumbar spine 5-21-15, and physical therapy. In a progress report dated 9-9-15, the physician notes left leg sciatica secondary to L5-S1 spondylolisthesis with severe left L5-S1 foraminal stenosis and at this point, she is awaiting final clearance from her primary care physician with regard to surgery. It is reported that she has reduced her Norco intake to one or two per day and she is using Tylenol a couple per day as well as Gabapentin three to four times per day. Physical exam reveals she ambulates with a cane and pronounced limp. Sitting straight leg raise is less irritable on the left and negative on the right. Tenderness to palpation of the left low back and left sacroiliac area is noted. She reports therapy is helping make her a little stronger. Work status is noted as permanent, stationary, and retired. The requested treatment of Norco 10-325mg #120 was non-certified on 9-25-15. .

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

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 1998 P&S injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.