

Case Number:	CM15-0190393		
Date Assigned:	10/02/2015	Date of Injury:	06/11/2015
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
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, 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 06-11-2015. The injured worker currently may return to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for lumbar sprain-strain and hip sprain-strain. Treatment and diagnostics to date has included right hip MRI and medications. Recent medications have included Tramadol-Acetaminophen and Norco (since at least 06-21- 2015). After review of progress notes dated 08-10-2015 and 08-20-2015, the injured worker reported hip and low back pain. Objective findings included decreased sensation to right lower extremity, positive straight leg raise test on the right, tenderness to palpation to the paraspinal muscles, and slow gait with guarded limp to left lower extremity. The request for authorization dated 08-20-2015 requested Diclofenac, Pantoprazole, Tramadol, Zolpidem, Alprazolam, Norco (5-325mg #60 1 tablet by mouth every 8 hours as needed for pain), and compound creams. The Utilization Review with a decision date of 08-28-2015 modified the request for Norco 5-325mg #60 to Norco 5-325mg #50 for purposes of taper for discontinuation over the course of the next 1-2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 05/325mg #60: 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, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #60 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 and sprain strain. Date of injury is June 11, 2015. Request for authorization is August 26, 2015. Subjective complaints include hip pain and low back pain. Objectively, range of motion was decreased with decreased sensation in the right lower extremity, positive straight leg raising, tenderness to palpation over the paraspinals bilaterally with spasm. The treatment plan includes a refill for Norco 5/325 mg #60, 1 PO Q8 hours p.m. in pain. There is no documentation with VAS pain scores. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement. There is no documentation showing an attempt to wean ongoing Norco based on clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments or an attempt at weaning. Norco 5/325 mg #60 is not medically necessary.