

Case Number:	CM15-0191598		
Date Assigned:	10/05/2015	Date of Injury:	03/27/2008
Decision Date:	11/12/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 42 year old male with a date of injury of March 27, 2008. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral spondylosis, displaced lumbar intervertebral disc, sciatica, and degeneration of lumbar-lumbosacral intervertebral disc. Medical records dated June 30, 2015 indicate that the injured worker complained of increased lower back pain rated at a level of 8 out of 10. A progress note dated September 15, 2015 documented complaints of chronic lower back pain rated at a level of 6 out of 10, and lack of sleep due to pain. Per the treating physician (September 15, 2015), the employee has returned to work. The physical exam dated June 30, 2015 reveals guarding upon extension and lateral bending of the lumbar spine, decreased range of motion of the lumbar spine, tenderness to palpation of the midline lumbar paraspinals, positive straight leg raise bilaterally, and normal strength and sensation. The progress note dated September 15, 2015 documented a physical examination that showed no changes since the examination performed on June 30, 2015. Treatment has included chiropractic manipulations and medications (Norco 7.5-325mg four times a day since at least February of 2015; Nortriptyline 10mg as needed, Flexeril 5mg at bedtime since at least April of 2015). The urine drug screen dated May 19, 2015 showed results consistent with the prescribed medications. The original utilization review (September 24, 2015) partially certified a request for Norco 7.5-325mg #90 (original request for #240).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg four times a day #240: 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, long-term assessment, Opioids, pain treatment agreement.

Decision rationale: Norco 7.5/325mg four times a day #240 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The documentation does not reveal an opioid treatment plan in accordance with the MTUS. The documentation indicates that the patient was at one time taking 3 Norco daily but this was not sufficient to ease her pain therefore it was increased to 4 Norco daily. Despite this the patient continues to have high pain levels and is not taking Norco as directed (four times a day) but is taking this medication 5 times daily. The documentation does not reveal that Norco four times daily has provided this patient with improved function or pain levels therefore continued Norco 7.5/325mg four times a day #240 is not medically necessary.