

Case Number:	CM15-0192053		
Date Assigned:	10/06/2015	Date of Injury:	06/01/2007
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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 40 year old male who sustained an industrial injury on 6-1-07. The diagnoses are noted as degeneration of lumbar or lumbosacral intervertebral disc, other symptoms referable to back, displacement of lumbar intervertebral disc without myelopathy, and lumbago. In a progress note dated 9-17-15, the physician reports a rhizotomy was performed on August 4, which has provided 50% relief of low back pain. It is noted the injured worker is trying to wean his medications now that he has more relief of pain. Pain is rated at 8 out of 10 without medications and 2 out of 10 with medications, which has increased his activities of daily living (9-11-15 pain is rated at 10 out of 10 without medications and 8 out of 10 with medications, and Norco 10-325mg twice a day was prescribed). Current medications are noted to be Norco 5-325mg twice a day, Neurontin 300mg twice a day, Celebrex 200mg a day, Prilosec 20mg a day, Lidoderm 5% patches and to discontinue flexeril 10mg twice a day. Objective findings report lumbar flexion is 10% restricted, extension is 60% restricted, lateral bending is 30% restricted, straight leg raise is negative and no radiculopathy is noted. Previous treatment includes chiropractics, radiofrequency rhizotomy (7-15-11, 10-27-14), lumbar epidural steroid injection, oral and topical medication, rest, ice, heat, gentle stretching and exercise, lumbar MRI (2-8-13), and acupuncture. A request for authorization is dated 9-11-15. The requested treatment of Norco 10-325mg #60 was modified to 1 prescription of Norco 10-325mg #48 on 9-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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.

Decision rationale: Review indicates the request for Norco #60 was modified for #48 for weaning purposes. 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. It cites 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 specific 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. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2007 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #60 is not medically necessary or appropriate.