

Case Number:	CM15-0194513		
Date Assigned:	10/08/2015	Date of Injury:	10/01/2004
Decision Date:	11/16/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/02/2015

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 66 year old male, who sustained an industrial injury on 10-01-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, chronic back pain, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar radiculopathy, weakness, numbness and tingling in the lower extremities, and gastritis from long-term use of medications. Medical records (02-23-2015 to 08-24-2015) indicate ongoing chronic low back pain with pain radiating to both lower extremities with numbness, tingling and weakness. Pain levels were 3-7 out of 10 on a visual analog scale (VAS) with the use of medications. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work as he is retired. The physical exam, dated 08-24-2015, revealed mild kyphotic posturing, limited range of motion in the lumbar spine, tenderness to palpation over the bilateral L3-S1 paraspinals, sacroiliac joints and piriformii, difficulty with heel to toe raises, positive bilateral straight leg raises, an antalgic gait with bilateral vastus medius atrophy, decreased manual muscles testing in the bilateral lower extremities, and decreased sensation in the bilateral L4-S1 dermatomes. Relevant treatments have included physical therapy (PT), epidural steroid injections resulting in one month of symptoms relief, work restrictions, and pain medications (Norco since 02-2015). There was no discussion of urine drug testing, aberrant behaviors or side-effects of medications. The PR and request for authorization (08-24-2015) shows that the following medication was requested: Norco 10-325mg #60. The original utilization review (09-15-2015) non-certified the request for Norco 10-325mg #60.

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 for chronic pain.

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.

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 2004 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #60 is not medically necessary or appropriate.