MAXIMUS Federal Services

Case Number:	CM15-0194558		
Date Assigned:	10/08/2015	Date of Injury:	08/02/2005
Decision Date:	11/16/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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 42 year old female, who sustained an industrial injury on 8-2-05. The injured worker is being treated for low back pain, myofascial pain, chronic pain syndrome, lumbar degenerative disc disease, possible lumbar radiculitis and lumbar discogenic pain. Urine toxicology report performed on 4-15-15 was consistent with medications prescribed. Treatment to date has included oral medications including Norco (she has used some form of Hydrocodone since at least 2012), Naproxen and Omeprazole; lumbar epidural steroid injections, transcutaneous electrical nerve stimulation (TENS) unit and home exercise program. On 8-14-15, the injured worker complains of aching in mil-low back and stabbing pain in left hip. She reports aching pain posteriorly down right leg with prolonged walking with pins and needles sensation on bottom of her feet; it is improved with medications, sitting, lying down, injections and transcutaneous electrical nerve stimulation (TENS) unit. She rates the pain 7 out of 10 without medications and 1 out of 10 with pain medications and is unchanged from previous visit. The duration of pain relief following medications is not indicated. She states she cannot function without Norco. Work status is unclear. Physical exam performed on 8-14-15 revealed antalgic gait, tenderness over the lumbar paraspinals, straight leg raise positive bilaterally and decreased range of motion due to pain. Request for authorization was submitted on 8-19-15 for Anaprox 550mg #60 with 4 refills, Norco 5-325mg #60 and Prilosec 20mg #60. On 9-24-15 request for Norco 5-325mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

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, pain treatment agreement.

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 since at least 2012 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2005 injury without acute flare, new injury, or progressive neurological deterioration. The 1 prescription of Norco 5/325mg #60 is not medically necessary and appropriate.