

Case Number:	CM15-0194559		
Date Assigned:	10/08/2015	Date of Injury:	01/22/1998
Decision Date:	11/18/2015	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, 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 57 year old male, who sustained an industrial injury on 1-22-1998. Medical records indicate the worker is undergoing treatment for right lumbosacral radiculopathy, lumbosacral disc protrusion, neural foraminal stenosis, lumbar degenerative disc disease and lumbar sprain-strain. A recent progress report dated 9-11-2015, reported the injured worker complained of right low back pain radiating to the right lower extremity (pain was not quantified on this visit). Physical examination revealed pain restricted lumbar range of motion by 50%. Treatment to date has included lumbar epidural steroid injection, physical therapy, Norco (since at least 4-15-2015), Neurontin, Prozac, Flector patch, Celebrex and Lorazepam. On 9-11-2015, the Request for Authorization requested Norco 10-325mg #75. On 9-24-2015 the Utilization Review noncertified the request for Norco 10-325mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Weaning, opioids (specific guidelines).

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, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 75 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 right L5 - S1 radiculopathy; lumbar focal disc protrusion L5 this is; moderate bilateral L5 neural foraminal stenosis; lumbar degenerative disc disease; and lumbar sprain strain. Date of injury is November 22, 1998. Request for authorization is dated September 11, 2015. The documentation shows Norco weaning was recommended November 26, 2014. According to a progress note dated April 15, 2015, the treating provider prescribed Norco 10/325mg at that time. The Norco start date is not specified. A urine drug screen dated May 4, 2015 was inconsistent. The urine drug screen was positive for both Norco and alcohol. The presence of alcohol in the urine drug toxicology screen was not addressed in the medical record documentation. According to a September 11, 2015 progress note, subjective complaints include ongoing right low back pain that radiates to the right lower extremity. Objectively, there is decreased range of motion with normal motor function of the upper and lower extremities. There is no documentation demonstrating objective functional improvement. There are no pain scores documented in the April 15, 2015 or September 11, 2015 progress notes. There are no detailed assessments or risk assessments in the medical record. There has been no documentation referencing Norco weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation with an inconsistent urine drug screen positive for alcohol that was not addressed in the medical record, no detailed pain assessments or risk assessments, no documentation demonstrating objective functional improvement and no attempt at weaning despite utilization review recommendations dating back to November 26, 2014, Norco 10/325mg # 75 is not medically necessary.