MAXIMUS Federal Services

Case Number:	CM15-0198008		
Date Assigned:	10/13/2015	Date of Injury:	01/31/2010
Decision Date:	11/24/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/08/2015

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: Iowa, Illinois, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 male with his age unknown, who sustained an industrial injury on January 31, 2010. The injured worker was diagnosed as having low back pain, lumbar disc protrusion and radiculopathy, neck pain, shoulder pain, and leg pain. Treatment and diagnostic studies to date has included medication regimen. In a progress note dated September 04, 2015 the treating physician reports complaints of pain to the neck and the low back along with shooting pain, numbness, and tingling to the legs. Examination performed on September 04, 2015 was revealing for decreased range of motion to the lumbar spine with pain from lumbar three through the sacrum. The injured worker's medication regimen on September 04, 2015 included Norco (since at least prior to February of 2015) and Flexeril (since at least prior to April of 2015). The injured worker's pain level on September 04, 2015 was rated a 10 out of 10 without the use of Norco to a 7 to 8 out of 10 with the use of Norco, but the progress note did not indicate if the injured worker experienced any functional improvement with use of the injured worker's medication regimen. On September 04, 2015 the treating physician requested the medication Norco 10-325mg with a quantity of 180 noting current use of this medication. On September 24, 2015 the Utilization Review determined the request for Norco 10-325mg with a quantity of 180 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, chronic pain subsection under opioids/medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325 MG #180 is not medically necessary.