

Case Number:	CM15-0198110		
Date Assigned:	10/13/2015	Date of Injury:	01/27/2005
Decision Date:	11/23/2015	UR Denial Date:	09/11/2015
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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 58 year old male who sustained an industrial injury on 1-27-05. A review of the medical records indicates he is undergoing treatment for a history of L5-S1 hemilaminectomy and foraminotomy. He continues to have back pain and bilateral lumbar radicular complaints, greater on the left. Medical records (4-2-15 to 8-31-15) indicate ongoing complaints of back pain. He has rated his pain "9 out of 10" without medications and "5 out of 10" with medications (4-2-15). He has complained of radiation of his back pain into his bilateral lower extremities. The physical exam (8-31-15) reveals tenderness along the lumbar paraspinal muscles, iliolumbar, and sacroiliac regions. "Multiple" trigger points are noted. His gait is slow and antalgic. The treating provider indicates that lumbar range of motion is "65%" of normal. The neurological exam is "intact." Diagnostic studies have included urine drug screens. The treating provider states "he does not abuse his medications." Treatment has included a home exercise program and medications, including Norco 10-325mg, 1 tablet every 8-12 hours as needed and Mobic. The injured worker has been receiving Norco since, at least, 8-2-12. The injured worker expressed that without his pain medications, his pain is "much worse and he is functionally impaired." The treating provider indicates that with his medications, his pain is "greatly improved and he can do a lot more." With use of his medications, he is able to sit for 30 minutes, stand for 20 minutes, walk 3-4 blocks, and "do some yard work and use a blower" for approximately 45 minutes. He is also able to wash dishes for 15 minutes (4-2-15). The utilization review (9-11-15) includes a request for authorization for one prescription of Norco 10-325 #90. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

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

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder 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. CA 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. Additionally, medical documents indicate that the patient has been on Norco since at least 2012, in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg is deemed not medically necessary.