

Case Number:	CM15-0199422		
Date Assigned:	10/14/2015	Date of Injury:	04/14/2003
Decision Date:	12/01/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on 4-14-03. The documentation on 9-3-15 noted that the injured worker has complaints of leg pain and low back pain. The documentation noted that the injured workers pain inside his right knee is burning and is worsened by weight bearing. The pain is rated 5 to 7 out of 10 on the visual analog scale. The injured worker has a dull pain in the low right back and numbness in both legs with tingling. There is tenderness to palpation upper lumbar spine over and adjacent to spinous process with familiar pain on extension and extension with axial rotation to the left and right. The documentation noted that the urine drug screen was ordered 8-5-15 was negatively appropriate that he had ran out of Norco before his visit. The diagnoses have included post laminectomy syndrome, lumbar region. Treatment to date has included epidural that led to an epidural abscess; decompression procedure and a fusion; Norco helps so he can walk around fairly comfortably and drive kids to school and pick them up; melatonin for sleep; physical therapy has helped him functionally, helped him to awaken with less pain and muscles felt loose; morning showers helps loosen the back and home exercise program. The original utilization review (9-10-15) modified the request for Norco 10-325mg #100 to Norco 10-325mg #75. The request for Norco 10-325mg #100 has been modified to Norco 10-325mg #56.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This is a 37 year-old claimant with a date of injury of 4/14/2003. He is being treated for chronic low back pain and bilateral leg pain with Norco 10/325. He is being prescribed 3 tablets/day, however has been taking 3-4 tablets/day. The patient has been utilizing the Norco in an amount greater than is directed. A lack of efficacy of the Norco was documented due to increased pain and new pain locations (knee and ankle). In addition there is no evidence of documented functional improvement with Norco. Guidelines state that opioids should be discontinued when functional improvement is lacking. Therefore the request is not medically necessary or appropriate.

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: CA MTUS Guidelines state that opioids may be appropriate in the treatment of chronic pain. In this case, the patient is a 37 year-old man with a date of injury of 4/14/2003. He is prescribed Norco 10/325 tid, however has been taking it 3-4 times/day. The patient has been utilizing the Norco in an amount greater than is directed. There is a lack of efficacy noted due to increased pain and new pain locations (knee and ankle). There is no evidence of functional improvement, which is a requirement for chronic opioid therapy. Guidelines recommend discontinuation of opioids when functional improvement is lacking. Therefore the request is not medically necessary or appropriate.