

Case Number:	CM15-0200483		
Date Assigned:	10/19/2015	Date of Injury:	10/01/2004
Decision Date:	11/25/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 44 year old male, who sustained an industrial injury on 11-01-2004. The injured worker is being treated for lumbalgia. Treatment to date has included surgical intervention, spinal cord stimulator, diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 9-22-2015, the injured worker reported 8 out of 10 bilateral leg pain. He also reported back pain rated as 9 out of 10. He experiences numbness, radicular pain and weakness in the right and left legs. He continues to benefit from the use of medications and he had nociceptive, neuropathic and inflammatory pain. There has been no evidence of drug abuse or diversion, no aberrant behavior and medications have been reviewed and DDI checked, with no side effects or complications. UDS performed on 3-04-2015 was within normal limits. He has 60% improvement in pain. Current medications include Ambien, aspirin, docusate, Fentanyl patch, Flector patch, Lyrica, Senna and Norco. Objective findings included muscle strength of 3 out of 5 upon left foot inverters, left foot dorsiflexors, and left gluteal muscles. There was pain across his lower back, which intensified with any range of motion testing. He has been prescribed Norco since at least 12-20-2012. Work status was temporarily totally disabled. The plan of care included medications and injections. Authorization was requested on 9-22-2015 for Norco 10-325mg #180 and Fentanyl 75mcg patch #10. On 9-30-2015, Utilization Review non-certified the request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, return to work, or increase in activity from the exam note of 9/22/15. Therefore, the request is not medically necessary and the determination is for non-certification.