

Case Number:	CM15-0201413		
Date Assigned:	10/16/2015	Date of Injury:	06/08/2004
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 6-8-04. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post lumbar fusion (no date); status post hardware removal (no date); physical therapy; medications. Currently, the PR-2 notes dated 8-13-15 indicated the injured worker complains of low back pain. The notes indicate the injured worker was being seen as a follow-up visit for evaluation. The provider documents "The patient states that he has continued low back pain. The pain is rated 8 out of 10 but decreases to 5 out of 10 with the use of medications. With medications, he is able to walk 30+ meters a day and perform light housework such as cleaning. Norco bothers his stomach without Prilosec. He has good analgesia, he is functionally improved and he has no aberrant behavior." The provider documents a physical examination "Exam of the lumbar spine reveals anterior and posterior incisions are healed. He does have a slightly antalgic gait. Straight leg raise is mildly positive 90 degrees. Painful range of motion, Muscle strength was checked and noted." The provider notes the injured worker is a status post lumbar fusion and status post hardware removal with no dates or operative records for either. The treatment plan is to continue home exercise and medications. A PR-2 note dated 6-3-15 indicated the same to similar complaints and examination. The injured was on at this time and was to continue taking Norco 10-325mg. A PR-2 note dated 1-13-15 indicated the injured worker was taking and was to continue taking Norco 10-325mg two tablets three times a day #180. A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-29-15 and non-

certification for Norco 10-325mg #180. A request for authorization has been received 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: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Review indicates the patient with stomach issues from taking Norco; however, continues to be prescribed this opioid for this chronic injury of 2004. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #180 is not medically necessary and appropriate.