

Case Number:	CM15-0201896		
Date Assigned:	10/16/2015	Date of Injury:	02/15/2003
Decision Date:	11/25/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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 61 year old male, who sustained an industrial injury on 2-15-03. The injured worker was diagnosed as having lumbosacral sprain and strain, status post lumbar laminectomy with post laminectomy syndrome, rule out new onset of disc herniation, bilateral lumbar radiculopathy, and chronic pain syndrome. Treatment to date has included lumbar laminectomy, physical therapy, and medication including Tramadol and Norco. Physical examination findings on 7-1-15 included tenderness to palpation over the L4-5 and L5-S1 lumbar interspaces with limited range of motion by 30-40% of the normal range. A straight leg raise test was positive bilaterally. On 7-1-15 pain was rated as 7-8 of 10. The injured worker had been taking Norco since July 2015. On 7-1-15, the injured worker complained of low back pain with radiculopathy. On 9-1-15 the treating physician requested authorization for Norco 10-325mg #60. On 9-14-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco TAB 10/325mg #60 twice a day for breakthrough pain: Upheld

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

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

Decision rationale: 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. It cites 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 specific 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. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2003 injury without acute flare, new injury, or progressive neurological deterioration. The Norco TAB 10/325mg #60 twice a day for breakthrough pain is not medically necessary or appropriate.