

Case Number:	CM15-0202226		
Date Assigned:	10/19/2015	Date of Injury:	04/19/2011
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports Medicine

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 55 year old male, who sustained an industrial injury on 4-19-2011. The injured worker is being treated for lower back pain. Treatment to date has included surgical intervention, diagnostics, medications, physical therapy, functional restoration program, use of a cane for ambulation and injections. Per the Primary Treating Physician's Progress Report dated 9-14-2015, the injured worker presented for follow-up regarding his low back pain. He notes that Cymbalta was not authorized until October and he ran out of this some time ago. He has had to escalate his Norco usage up to 4 pills a day at a time. He notes that it has been hard to walk because of the Cymbalta non-authorization. He found some old Gabapentin around his house but has not had much luck with this either. Objective findings included worsened lumbar range of motion with moderate to severe restrictions. Gait is stable but with slower speed and stiffness with back pain compared to before. Otherwise, neuromuscular exam was without focal deficits. Per the medical records dated 7-17-2014 he was prescribe Norco. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included Norco to be used sparingly for severe pain issues although the plan was for tapering until the Cymbalta was not authorized, and also a refill of Cymbalta. Authorization was requested for Cymbalta 20mg #60 and Norco 10-325mg #120. On 10-06-2015, Utilization Review non-certified the request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1-2 tablets as needed, #120 for severe pain issues: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.