

Case Number:	CM15-0202699		
Date Assigned:	10/19/2015	Date of Injury:	05/01/1997
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
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, 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 66 year old male, who sustained an industrial injury on May 01, 1997. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar post laminectomy pain, chronic pain syndrome, and myalgia. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, magnetic resonance imaging, home exercise program, and use of ice and heat. In a progress note dated August 27, 2015 the treating physician reports complaints of pain to the low back. Examination performed on August 27, 2015 was revealing for "mild" tenderness to the sacroiliac joint bilaterally and tenderness to the lumbar paraspinal muscles. The injured worker's pain level on August 27, 2015 was rated a 5 on a visual analog scale without the use of his medication regimen and rated the pain level a 3 out of 10 with the use of his medication regimen. The injured worker's medication regimen on August 27, 2015 included Norco (since at least May of 2015), Cardura, Ultram, Ultram ER (Tramadol ER), Skelaxin, and Valtrex. The progress note from August 27, 2015 indicated that the injured worker had "increase function" with the use of his medication regimen, but the progress note did not indicate any specific functional improvement with performing activities of daily living. On August 27, 2015 the treating physician requested the medication Norco10-325 with a quantity of 60 for breakthrough "severe pain". On September 22, 2015 the Utilization Review denied the request for Norco10-325 with a quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325 #60: 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, Opioids, specific drug list. 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 & specific drug list): 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, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/27/15. Therefore the determination is not medically necessary.