

Case Number:	CM15-0204005		
Date Assigned:	10/20/2015	Date of Injury:	04/06/2006
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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 50 year old male who sustained an industrial injury on 04-06-2006. Medical records indicated the worker was treated for low back pain and lumbar radiculopathy. In the provider notes of 08-12-2015, the worker states he has low back pain that is on average a 6 on a scale of 0-10. His lease pain is 2 on a scale of 0-10. His worst pain is a 10 on a scale of 10 without medications. With medications and injections, the pain is on average a 6 on a scale of 0-10. He reports no significant change or improvement with his back pain. He has back spasm with shooting pain to the legs. Treatments have included a Lumbar epidural steroid injection which has been helpful. On exam, he has no deformity and no visible muscle atrophy in the upper and lower limbs and no swelling in the bilateral lower extremities. On inspection of his lower back there is tenderness to palpation across the lower back with near normal range of motion in all planes. Sensory to the left L5 is decreased. Reflexes are symmetrical in the lower extremities at 2+ knees and 1+ ankle. His gait is normal. Straight leg raising test is negative bilaterally. Medications include Norco, Soma, tramadol, omeprazole, Medrol (pack) Celebrex, and Cymbalta. Treatment plan includes requesting a 2nd lumbar epidural steroid injection, and continue current medication regimen. A request for authorization was submitted 09-11-2015 for Norco 10/325mg #90. A utilization review decision 09-18-2015 modified the request for Norco10/325mg #90 to allow this one refill of Norco10/325mg #90 for the purpose of weaning to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain-When to continue Opioids-Opioids for chronic pain.

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 8/12/15. Therefore the determination is for non-certification. The request is not medically necessary.