

Case Number:	CM15-0205637		
Date Assigned:	10/22/2015	Date of Injury:	04/05/2011
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 53 year old male sustained an industrial injury on 4-5-11. Documentation indicated that the injured worker was receiving treatment for chronic low back pain with lumbar facet joint arthropathy. Previous treatment included physical therapy and medications. In a Doctor's First Report of Occupational Injury dated 7-14-14, the physician noted that the injured worker complained of residual chronic low back pain, rated 8 to 10 out of 10 on the visual analog scale. The injured worker reported that the pain was improved with narcotics (Vicodin) that he had been able to try from friends. Non-steroidal anti-inflammatory medications did not relieve pain. In a PR-2 dated 8-27-15, the injured worker complained of ongoing low back and bilateral neck pain. The injured worker reported that Norco provided 50% pain improvement and 50% improvement of activities of daily living. Physical exam was remarkable for lumbar spine with tenderness to palpation over the paraspinal musculature overlying the right L4-5 and L5-S1 facet joints, "restricted" range of motion in all planes, positive bilateral sustained hip flexion, absent bilateral clonus signs, 5 out of 5 bilateral upper and lower extremity strength and intact sensation throughout. The treatment plan included appealing a denial for bilateral L4-5 and L5-S1 medial branch blocks and continuing Norco. In a PR-2 dated 9-22-15, the physician stated that there was a change in the injured worker's condition with worsened low back pain and 50% worsened range of motion. The injured worker's pain level was not quantified. The remaining physical exam was unchanged. The physician recommended lumbar facet radiofrequency nerve ablation and continuing Norco. On 10-5-15, Utilization Review modified a request for Norco 10-325mg #90 to Norco 10-325mg #53.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids, dosing, Weaning of Medications.

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time simply noting a 50% improvement. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.