

Case Number:	CM15-0205987		
Date Assigned:	10/22/2015	Date of Injury:	09/26/2006
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old male, who sustained an industrial injury on 9-26-2006. The injured worker was diagnosed as having lumbago and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, physical therapy, and medications. On 9-21-2015, the injured worker complained of "increase of pain", noting that over the past month he has had several bouts of severe and sharp shooting pain in his right low back. He reported that lumbar support helped prevent this pain. Examination of the lumbar spine noted tenderness in the right lumbosacral area and over the right posterior superior iliac spine, restricted range of motion with flexion and extension, and reproduced discomfort in the right posterior superior iliac spine area with extension and rotation. Medication included Norco (since at least 11-2014) and Ibuprofen. Supplemental report in response to requested medication (9-28-2015) noted refill of Norco on 11-19-2014, 5-20-2015, and 9-21-2015, noting that he uses these medications very sparingly and appropriately when needed for pain. CURES report was documented as confirmatory. Without medication his pain level was 8 or greater, reduced to 5 out of 10 with medication use, which allowed him to be functional around the house and care for his grandchildren. The treatment plan included Norco 5-325mg #60 (per 9-21-2015 order), non-certified by Utilization Review on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, long-term assessment.

Decision rationale: The injured worker sustained a work related injury on 9-26-2006. The medical records provided indicate lumbago and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included physical therapy, and medications. The medical records provided for review do not indicate a medical necessity for Norco 5/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS recommends reevaluating pain and functional improvement using numerical scale, and comparing with baseline every six months, if opioid is used for longer than six months. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using this medication at least since 11/2014, but with no proper monitoring for pain, activities of daily living and aberrant behavior. The treatment is not following the MTUS recommendations for long-term assessment. The request is not medically necessary.