

Case Number:	CM15-0206364		
Date Assigned:	10/23/2015	Date of Injury:	09/04/2012
Decision Date:	12/04/2015	UR Denial Date:	10/20/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male who sustained an industrial injury on 9-4-12. A review of the medical records indicates that the worker is undergoing treatment for hip joint pain, lower leg pain, bulging lumbar disc, lumbar facet arthropathy, and postlaminectomy syndrome. Subjective complaints (10-13-15) include increased pain with walking over 30 minutes, sitting or standing over 15-20 minutes, and squatting, bending or twisting to the right side, pain is rated at 6-8 out of 10 with Norco in 10mg doses, lasting approximately 2 hours in relief depending on activity and reports better pain management with Norco versus Percocet. It is noted that the worker requests a referral to a spine surgeon for evaluation of his worse low back pain with radiation into the right lower extremity after possibly re-injuring himself on 8-18-15. Objective findings (10-13-15) include a slow antalgic gait, wearing a brace on the right leg, not able to heel-toe walk, right leg weaker than left, right L3, L4, L5 diminished sensation to pain and temperature, severely decreased lumbar range of motion, positive for tenderness, facet loading and straight leg raise. A urine drug screen (6-27-15) is noted as positive for THC and ETOH. Previous treatment includes physical therapy, aqua therapy, spinal cord stimulator trial (2015), 3 back surgeries and lumbar epidural steroid injections x3, Lyrica, Gabapentin, Ibuprofen, Norco, and Percocet. A request for authorization is dated 10-14-15. The requested treatment of Norco 10-325mg #120 was non-certified on 10-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The random drug testing noted positive findings for alcohol and THC without change in treatment approach or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary or appropriate.