

Case Number:	CM15-0206432		
Date Assigned:	10/23/2015	Date of Injury:	07/26/2013
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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: New Jersey

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 is a 54 year old male with a date of injury on 7-26-13. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 9-9-15 reports continued complaints of lower back pain rated 7 out of 10. He received authorization for lumbar rhizotomy and wishes to proceed. Medical branch block done on 3-13-15 brought his pain level down from 7 out of 10 to 3 out of 10 for 2 hours, 3 out of 10 for 3 hours and 4 out of 10 for 4 hours. He reports going 12 hours without pain medication and woke during the night and had to take norco. Epidural injection in July 2014 reduced his pain level by 50 percent for about 2 days. Chiropractic treatment allowed for increased range of motion. Objective findings: severe pain with facet loading of lumbar spine, lumbar range of motion is decreased and lower extremity sensation is intact. EMG and nerve conduction studies 10-13-14 revealed abnormal study. Request for authorization dated 9-24-15 was made for Norco 10-325 mg, quantity 120. Utilization review dated 10-15-15 non-certified the request.

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, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there were insufficient records found (recent) which clearly show and state functional gain and pain reduction (measurable) with Norco use and other aspects of an opioid use review were not seen as completed in order to justify continuation of Norco. Therefore, without evidence of appropriateness and effectiveness, Norco will be regarded as not medically necessary.