MAXIMUS Federal Services

Case Number:	CM15-0207692		
Date Assigned:	10/26/2015	Date of Injury:	07/10/1996
Decision Date:	12/07/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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 72 year old woman sustained an industrial injury on 7-10-1996. Diagnoses include lumbosacral intervertebral disc displacement and post-laminectomy syndrome. Treatment has included oral medications including Docusate, Neurontin, Norco, Prednisone, Warfarin, Fluticasone, Guaifenesin, and Spiriva and acupressure. Physician notes dated 10-7-2015 show complaints of low backache. The worker rates her pain 9 out of 10 without medications and 7 out of 10 with medications. The physical examination shows an antalgic gait that is assisted by a walker, tenderness noted to the lower thoracic paravertebral muscles. The lumbar spine shows "restricted" range of motion due to pain, paravertebral spasms bilaterally, positive lumbar facet loading, positive bilateral straight leg raise in the sitting position at 60 degrees, and positive FABER test. Motor strength of the bilateral lower extremities is noted to be 4 out of 5 and sensation is decreased to light touch in the bilateral lower extremities. Recommendations include pain psychologist consultation, possible future spinal cord stimulator, continue Norco, and follow up in eight weeks. Utilization Review denied a request for Norco on 10-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty 240: Upheld

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

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 with pain only decreased from a 9/10 to a 7/10. 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.