

Case Number:	CM15-0020496		
Date Assigned:	02/10/2015	Date of Injury:	02/24/1999
Decision Date:	03/31/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 was a 48 year old male, who sustained an industrial injury, February 24, 1999. According to progress note of December 3, 2014, the injured workers chief complaint was low back pain. The injured worker's pain and numbness/tingling radiating from his lower back and into the right lower extremity, down to the right foot. The pain was rated at 6-7 out of 10; 0 being no pain and 10 being the worse pain. The injured worker's pain was exacerbated by the recent cold weather changes, prolonged standing and walking activities. The physical exam noted the injured worker walked with an antalgic gait with favoring the right side, decrease range of motion of the lumbar spine flexion 35 degrees, extension of 10 degrees and lateral bending 15 degrees bilaterally. The injured worker was diagnosed with herniated nucleus pulposus of the lumbar spine with right sided radiculopathy. The injured worker previously received the following treatments toxicology laboratory studies, Norco, Neurontin and Zanaflex. On December 3, 2014, the primary treating physician requested a renewal of a prescription for Norco 10/325mg #90 without refills. On January 7, 2015, the Utilization Review denied authorization for Norco 10/325mg #90. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, and Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that urine drug testing on 1/31/14 and 6/15/14 were negative for prescribed opioids. The 1/31/14 was positive for cTHC and this was not tested for on 6/15/14. The treating physician states that the patient only uses opioids as needed for pain which was why the urine test was negative. There was no discussion of cTHC findings. There is no documentation of a risk assessment profile. Furthermore, there is no evidence of attempts at opioids weaning. The opioids are being prescribed without specific functional goals. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Without clear documentation of the above recommendations supported by the MTUS for a patient on opioids the request for Norco 10/325mg #90 is not medically necessary.