

Case Number:	CM15-0028186		
Date Assigned:	02/20/2015	Date of Injury:	11/18/2003
Decision Date:	04/07/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/13/2015

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, Hawaii
 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 53 year old male, who sustained an industrial injury reported on 11/18/2003. He reported primarily for medication management, on 1/7/15, and complained of intermittent, radiating low back pain. The diagnoses were noted to have included lumbosacral neuritis; chronic low back pain with right sciatica; status-post lumbar spine surgery (2/13/09), and right lumbar laminectomy/discectomy (11/30/10); probable residual lumbosacral radiculopathy; residual lumbar disc degeneration with foraminal narrowing and right sided disc protrusion; and history of ulcer/gastritis, hypertension and alcoholism. Treatments to date have included multiple consultations; diagnostic imaging studies; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary. The 10/17/2014 and 11/2014 progress notes, both state that the IW will minimize utilization of Norco. On 1/12/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/8/2015, which included the request for Norco 10/325mg, three x a day, #90, for lumbar radiculopathy pain - to #30. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, opioids, long-term assessment, was cited.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with intermittent, radiating low back pain. The current request is for Norco 10/325mg #90. The treating physician states, in a report dated 01/07/15, "Duration of Norco is several hours. Pain relief is approximately 50%. He is able to move about more comfortably with Norco utilization." The MTUS guidelines state: For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician states, "[The patient] reports functional improvement with Norco." In this case, there is no documentation of before and after pain scales. There is no discussion regarding specific ADLs or any functional improvements with medication usage. There is no mention of aberrant behaviors or UDS found in the records. The MTUS guidelines require much more thorough documentation for ongoing opioid usage. The current request is not medically necessary and the recommendation is for denial and slow weaning per MTUS guidelines.