

Case Number:	CM15-0028580		
Date Assigned:	02/20/2015	Date of Injury:	05/11/2003
Decision Date:	04/03/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/17/2015

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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 56 year old female, who sustained an industrial injury on May 11, 2003. She has reported sharp low back pain radiating down her left leg. Her diagnoses include lumbago with left-sided radiculopathy. She has been treated with diagnostic lumbar facet injections, urine drug testing, MRI, bone scan, physical therapy, acupuncture, epidural blocks, and pain, anti-epilepsy, antidepressant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On January 29, 2015, her treating physician reports increased low back pain, most probably due to her altered gait and postoperative right knee. The previous facet joint injections did provide some benefit. She takes a minimal amount of pain medication, which continues to be effective for her. The physical exam revealed bilateral sciatic notch tenderness, positive facet provocation with focal tenderness over the bilateral facets, pain with trunk area flexion and extension, decreased lumbar range of motion, and paraspinous muscle spasms through the lumbar and thoracic areas. The treatment plan includes continuing her current pain medication. On February 11, 2015, Utilization Review non-certified a prescription for Norco 10/325mg Qty: 60, noting the lack of documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant. There was a lack of objective evidence of functional benefit obtained from the opioid medications, and there had been a prior "warning." determination provided for either downward titration with discontinuation or submission of evidence of compliance documentation. The injured worker should have been completely weaned from opioids as previous "warned", but it is the provider's responsibility to use his/her

own judgment and/or protocol based on the individual needs of the claimant, which may or may not include additional weaning through the provider. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines 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 Qty 60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. In addition, there have been inconsistent UA on 9/15/14. As such, the question Norco 10/325mg Qty 60 is not medically necessary.