

Case Number:	CM15-0029678		
Date Assigned:	02/23/2015	Date of Injury:	06/22/1998
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
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: New York

Certification(s)/Specialty: Internal 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 is a 67-year-old male who sustained an industrial injury on June 22, 1998. There was no mechanism of injury documented. The injured worker is status post two laminectomies (no dates/procedures were documented). The injured worker was diagnosed with lumbar degenerative discogenic disease with radiculopathy. According to the primary treating physician's progress report on December 16, 2014 the injured worker continues to experience low back pain with painful range of motion and muscle weakness. Decreased sensation at S1 bilaterally was noted. Norco was the only medication referenced that the injured worker is taking. Treatment modalities consist of physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TEN's) and Norco. The treating physician requested authorization for Norco 10/325mg #120. On January 29, 2015 the Utilization Review modified the request from Norco 10/325mg #120 to Norco 10/325mg #108 to allow for weaning. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

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 Treatment Guidelines Page(s): 78-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97.

Decision rationale: The documentation indicates the patient has been treated with Norco, an opioid analgesic. According to the California MTUS Guidelines, a short-acting opiate, such as Norco, is an effective method of controlling chronic pain. Opioid analgesics are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the regular use of a short acting opioid medication. The patient should be weaned from this opioid medication according to the established protocol. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.