

Case Number:	CM15-0212259		
Date Assigned:	11/02/2015	Date of Injury:	06/19/1997
Decision Date:	12/11/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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:

The injured worker is a 51-year-old female who sustained an industrial injury on 6-19-1997 and has been treated for chronic pain syndrome, chronic lumbar back pain, lumbosacral radiculopathy, lower limb dystrophy, reflex sympathetic; coccygeal pain; myofascial pain syndrome; depression; anxiety; and a history of lumbar arthrodesis anterior and posterior. She is noted to be "status post 3 lumbar surgeries." On 10-16-2015 the injured worker reported muscle weakness and cramps. Back pain was reported to be increased "at least 50 percent" and radiation has moved from down the back of the legs to also wrapping to the front of the thigh and into the groin. Pain was noted as constant, and characterized as sharp, aching, cramping, shooting, throbbing, dull, burning, stabbing, and electrical. Most activities, cold, and weather changes were noted to increase pain. Average VAS rated pain over the previous month was stated as 9 out of 10. Objective findings include positive bilateral straight leg raises, skin is sensitive to touch, and she was able to transfer without assistance. Strength in the bilateral lower extremities showed 3 out of 5 strength with hip flexion, and decreased sensation in both lower extremities. Documented treatment includes rest, heat, caudal epidural steroid injections, nerve blocks, use of cane, intrathecal pump placed in 1999, then replaced in 2006 and 2012 due to battery failure. Pump provides Fentanyl, clonidine, and Bupivacaine. Medications include Norco noted in records for a least one year, Lorazepam, Baclofen, Zofran, Lidoderm patch, and Thermacare heat wraps. The injured worker is noted to have tried to taper Norco, but experienced increased pain. Nortriptyline HCL has been started as of 10-16-2015 and the physician will monitor efficacy. Documentation provided does not include information regarding medication behavior monitoring or a signed pain contract. A request was submitted for Norco 10-325 mg #210

"for the purpose of taper for discontinuation over the next three months." This was modified on 10-23-2015 to #180 with the purpose of taper for discontinuation over the course of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #210, MED 70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Functional improvement measures, Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

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. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.