

Case Number:	CM15-0218565		
Date Assigned:	11/10/2015	Date of Injury:	01/30/2004
Decision Date:	12/28/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/06/2015

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
 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 56 year old male, who sustained an industrial injury on 01-30-2004. He has reported injury to the low back. The diagnoses have included lumbar-lumbosacral disc degeneration; lumbosacral neuritis; radiculopathy of the lumbar region; depressive disorder; and chronic pain syndrome. Treatment to date has included medications, diagnostics, rest, activity modification, ice, moist heat, acupuncture, injections, epidural steroid injection, spinal cord stimulator trial, chiropractic therapy, and physical therapy. Medications have included Norco, Fentanyl patch, Fexmid, Tramadol, and Omeprazole. A progress report from the treating physician, dated 10-01-2015, documented an evaluation with the injured worker. The injured worker reported lower back pain, rated at 8 out of 10 in intensity on a visual analog scale; he states that he has been in a lot of pain and continues to take his Norco 5-6 a day and use the Fentanyl patch. The provider noted that the "patient does not want spinal cord stimulator as he has had one in the past and has had to use high frequency and did not like the stimulator feeling". Objective findings included referral to another provider for surgical evaluation. Objective findings from the progress report, dated 07-23-2015, include tenderness to palpation over the right lumbar facets, left lumbar facets, right and left thoracolumbar spasm, right and left sacroiliac joint, and right and left lumbosacral region; straight leg raise is positive on the right and the left; gait is antalgic; and there is decreased range of motion with pain; and there is decreased sensation at the left foot. The treatment plan has included the request for Norco 10-325mg #180. The original utilization review, dated 10-19-2015, modified the request for Norco

10-325mg #180, to Norco 10-325mg #120. An October 29, 2015 notes that Fentanyl has been discontinued and the patient has been approved for a spine surgical consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The long term utilization of opioids is not supported for chronic non-malignant pain due to the development of habituation, tolerance and hormonal imbalance in men. As noted in the MTUS guidelines, a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. Furthermore, per the MTUS guidelines, in order to support ongoing opioid use, there should be improvement in pain and function. The medical records do not establish significant improvement in pain or function to support the ongoing use of opioids. The medical records note that Utilization Review has allowed modification for weaning purposes. The request for Norco 10/325mg #180 is not medically necessary and appropriate.