

Case Number:	CM15-0224016		
Date Assigned:	11/20/2015	Date of Injury:	03/31/2003
Decision Date:	12/30/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/13/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 76 year old male with a date of injury on 03-31-2003. The injured worker is undergoing treatment for lumbar spine sprain-strain, rule out herniated nucleus pulposus, bilateral lower extremity radiculopathy and left eye pain with blurred vision. A physician note dated 03-20-2015 documents the injured worker has persistent low back pain that he rates as a 5 out of 10 and he has right leg pain that he rates as 4 out of 10. He reports neck pain and decreased hearing and ringing in his ears. He has tenderness to the lumbar paraspinal muscles and there is spasm with range of motion. There is bilateral trapezial muscle tenderness. Range of motion is restricted and there is decreased sensation about the L5 dermatome bilaterally. A physician progress note dated 09-29-2015 documents the injured worker ambulates with a slow and guarded gait and uses a cane. He has moderate tenderness to palpation of the lumbar paravertebral musculature. Range of motion is restricted, and he has a positive straight leg raise and Braggards test as well as Valsalva maneuver bilaterally. There is sensory deficit in the bilateral L5 and S1 dermatomes. He is not working. Documented treatment to date has included diagnostic studies, and medications. Current medications include Norco (since at least 03-20-2015). On 10-26-2015 Utilization Review non-certified the request for Norco 10-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, criteria for use.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.