

Case Number:	CM15-0030682		
Date Assigned:	02/24/2015	Date of Injury:	08/23/1988
Decision Date:	04/08/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/18/2015

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: Physical Medicine & Rehabilitation

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 64 year old female who sustained an industrial injury on 08/23/88. She reports lumbar spine pain radiating to the bilateral legs, upper back, neck, and upper extremities. Diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post left knee arthroscopy, status post open reaction internal fixation site unspecified, anxiety, and depression. Treatments to date include surgeries, and medications. In progress noted dated 12/29/14 the treating physician recommends a MRI of the lumbar spine and possibly a lumbar ESI, Norco, Flexeril, and gabapentin. On 01/14/15 Utilization review non-certified the Norco, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with mild to moderate pain in the lumbar spine with radiating pain, numbness and tingling. Request for Authorization (RFA) is dated 1/7/15. The current request is for NORCO 10/325MG #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain; intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been prescribed Norco since at least 9/9/14. On 9/9/14, the patient rated his current back pain as 6/10. The treating physician states that "medications were prescribed to the patient in order to reduce pain and/or aid in resolving the patient's symptomatology." The patient remains permanently disabled. Report dated 12/29/14 recommended that the patient undergo a urine toxicology screening. There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.