

Case Number:	CM15-0031529		
Date Assigned:	02/24/2015	Date of Injury:	06/28/2003
Decision Date:	04/10/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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 male with an industrial injury date of 06/28/2003. He attributes the injury to repetitive lifting. He presented on 01/22/2015 stating the pain was severe. The provider documented the injured worker had high blood pressure due to pain. Norco was requested. Prior treatment includes discography from Lumbar 3-4 and lumbar 5-sacral 1 in 2003, anterior lumbar interbody fusion at lumbar 5- sacral 1 and medications. MRI of the lumbar spine in October 2010 showed moderate narrowing and desiccation and a 4-5 mm diffuse posterior encroachment. There was slight central canal stenosis and moderate encroachment of the foramina. Lumbar 4-5 showed replacement by a large metal prosthesis and associated metal artifacts. The remaining lumbar intervertebral discs are seen to demonstrate no abnormalities. The central spinal canal was normal. Diagnosis was lumbar spine disc rupture with radiculopathy, status post lumbar spine fusion 09/20/2004. On 02/05/2015 the request for Norco 10/325 #100 was non-certified by utilization review. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 chronic low back pain and is worse in the mornings. The current request is for NORCO 10/325MG #100. Request for Authorization is dated 10/30/14. 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, ADL's, 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 was instructed to stop Vicodin and start Norco on 10/2/14. There was no discussion on why there was a change in medication. On 10/30/14, request was made for a refill of Norco 10/325mg #100. A urine drug test was administered on 10/2/14. The results of the screening was not addressed. 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.