

Case Number:	CM15-0033730		
Date Assigned:	02/27/2015	Date of Injury:	10/17/2005
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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: Pennsylvania, Ohio, 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:

This 80 year old male sustained a work related injury on 10/17/2005. According to a progress report dated 12/09/2014, the injured worker had severe pain in the back radiating to the left lower leg. Numbness of the left lower leg was also noted. Symptoms were noted to be essentially unchanged. Diagnoses included displaced lumbar intervertebral disc and thoracic or lumbosacral neuritis or radiculitis unspecified. Treatment plan included Norco. The provider noted that the injured worker's symptoms had plateaued and were unlikely to improve. There was no change in the injured worker's work status. According to a progress report dated 02/05/2014, the injured worker was taking 3 tablets of Norco for chronic lumbar back pain. The dose had not been accelerated and the injured worker did not come in early for refills. There were times when he took only 2 tabs per day. The use of Norco had helped control his pain and allowed him to perform his normal daily activities with minimal discomfort. The medication also helped him to sleep at night. He was unable to take a longer acting opioid or other form of pain reliever because he became too drowsy or his pain was not well controlled. Norco allowed him to take care of his wife who was disabled. He did not experience mood swings, excessive drowsiness, and insomnia or elevated liver enzymes. The symptoms had plateaued and there was no change in work status. On 02/10/2015, Utilization Review non-certified Norco 10/325mg #30. According to the Utilization Review physician, the documentation failed to provide evidence of significant functional improvement and the injured worker had been treated with Norco since at least August of 2012. There were no documents indicating that the injured worker's symptoms

were unchanged since 2012. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Opioids for Chronic Pain Page(s): 78, 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.