

Case Number:	CM15-0035706		
Date Assigned:	03/05/2015	Date of Injury:	08/13/2013
Decision Date:	04/09/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48 year old male, who sustained an industrial injury on 06/13/2013. He has reported lower back pain. The diagnoses have included lumbar sprain; lumbar degenerative disc disease; osteoarthritis of spinal facet joint; and lumbar radiculopathy. Treatment to date has included medications, epidural steroid injection, and physical therapy. Medications have included Norco, Neurontin, and Motrin. A progress note from the treating physician, dated 02/05/2015, documented a follow-up visit with the injured worker. The injured worker reported severe low back pain radiating to his right leg; and the right leg feels weaker than the left. Objective findings included mild tenderness in the right lumbosacral area; positive right straight-leg-raise; restricted range of motion; severe pain with palpation of the sacroiliac joint; hypoesthesia on his toes; and dysesthesia down his posterior-lateral right leg to his foot. Request is being made for prescription medications. On 02/10/2015 Utilization Review non-certified a prescription for Norco 10/325 mg #45. The CA MTUS was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of a prescription for Norco 10/325 mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #45 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are degeneration lumbar intervertebral disc; lumbar radiculopathy; osteoarthritis spinal facet joint; and lumbar sprain. The date of injury was June 2013. The oldest progress note dates back to June 2014 and the injured worker was on Norco at that time. The exact start date is unclear based on the documentation in the medical record. The documentation does not contain any detailed pain assessments (with ongoing opiate use), risk assessments, and evidence of objective functional improvement associated with ongoing long-term Norco 10/325 mg. Consequently, absent clinical documentation with objective functional improvement and a detailed pain assessment and risk assessment (with ongoing opiate use), Norco 10/325 mg #45 is not medically necessary.