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| Case Number: | CM15-0036814 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 08/31/2005 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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 56 year old male, who sustained an industrial injury on 8/31/2005. The diagnoses have included lumbosacral radiculopathy and lumbar sprain/strain. Treatment to date has included physical therapy, epidural steroid injection (ESI) and medication. According to the progress report dated 1/16/2015, the injured worker complained of chronic pain in his lumbar spine with radiation of pain to the bilateral lower extremities. The pain level was rated 8/10 on the visual analog scale (VAS) without medications. Physical exam revealed that the injured worker was visibly uncomfortable. Spasm and tenderness were observed in the paravertebral muscles of the lumbar spine with decreased range of motion. The injured worker was currently working. Norflex was refilled. Authorization was requested for Norco. On 1/28/2015 Utilization Review (UR) modified a request for Norco 10/325mg #90 to Norco 10/325mg #45. The Medical Treatment Utilization Schedule (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 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for use of opioids.

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 # 90 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 lumbosacral radiculopathy; and lumbosacral sprain/strain. The date of injury August 31, 2005 in the medical record contains 25 pages. The oldest progress note in the medical record is dated July 10, 2014. The documentation indicates the injured worker is "maintained on Norco and Norflex." The most recent progress note is dated January 16, 2015. Subjectively, the injured worker has continued complaints of low back pain that radiates to the lower extremities. Pain is 8/10 without medications. The injured worker states Norco has not been certified and he has been doing without opiate analgesics. The medical documentation does not contain risk assessments. The medical documentation does not contain detailed pain assessments (for ongoing opiate use). The documentation does not contain objective functional improvement with ongoing Norco. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco according to guideline recommendations, Norco 10/325 mg #90 is not medically necessary.