

Case Number:	CM15-0040045		
Date Assigned:	03/10/2015	Date of Injury:	10/26/2010
Decision Date:	04/14/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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 female, who sustained a work/ industrial injury on 10/26/10. She has reported initial symptoms of increasing pain in the low back area. The injured worker was diagnosed as failed back surgery syndrome, s/p L5-S1 fusion, left lower extremity radiculopathy. Treatments to date included medication (Norco), physical therapy, lumbar epidural steroid injection, and lumbar fusion at L5-S1 (2012). Electromyogram/nerve conduction study (EMG/NCV) studies demonstrated left chronic L5 denervation/radiculopathy. Currently, the injured worker complains of ongoing back pain with radiation to legs and feet (L>R). The treating physician's report (PR-2) from 11/4/14 indicated there was tenderness in the paraspinal muscles, bilaterally. Lumbar flexion was 35 degrees, extension at 10 degrees, and left /right lateral flexion at 30 degrees. Motor strength was 5/5, bilaterally. Reflexes at knee 2+/5, ankle 2/5, and straight leg raise (SLR) testing were negative. There was also anxiety and depression. Treatment plan included Norco for pain management, future diagnostics, psychiatry and neurology consults and nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 # 120 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 failed back surgery syndrome status post anterior approach L5 - S1 fusion surgery; left lower extremity radiculopathy; left genitofemoral neuralgia; and psychological diagnosis. The most recent progress note in the medical record is dated November 4, 2014 (a detailed medical legal report). The earliest physician note is dated September 3, 2013. This was the first treating physician note by the treating physician. Topamax and Norco were prescribed at that time. There is no subsequent documentation with detailed pain assessments, risk assessments, evidence of objective functional improvement, an attempt at weaning or periodic urine drug screens (per guidelines). Consequently, absent clinical documentation with objective functional improvement today's ongoing Norco efficacy, detailed pain assessments, risk assessments and attempted weaning, Norco 10/325 mg #120 is not medically necessary.