

Case Number:	CM15-0040100		
Date Assigned:	03/10/2015	Date of Injury:	03/07/2011
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
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 male, who sustained a work/ industrial injury on 3/7/11. He has reported initial symptoms of low back pain with radiation to right leg. The injured worker was diagnosis as having lumbago. Treatments to date included medication (Norco, Prilosec, and Anaprox), Transcutaneous Electrical Nerve Stimulation (TENS) unit, and home exercise program. Currently, the injured worker complains of severe muscle spasms, right shoulder pain, mid back numbness and lower back pain that radiates down to the upper buttocks rated 2/10 with medication and 7/10 without. The treating physician's report (PR-2) from 1/5/15 indicated the injured worker walked with a normal gait. There was no palpable tenderness of the paravertebral muscles, no tenderness over the sacroiliac joints or notches, flank or coccyx area. Range of motion noted 38 degrees flexion, 12 degrees extension, and 18 degrees left/right lateral bend. Motor strength was intact. Diagnosis was L4-5 annular tear, intermittent right leg radiculopathy, reflux due to Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), and acute on chronic low back pain. Treatments included use of Transcutaneous Electrical Nerve Stimulation (TENS) unit, home exercise program, Norco for pain management, and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1-2 tabs every 8 hours #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 90 and 101.

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 one to two tablets every eight hours #180 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 L4 - L5 annular tear; intermittent right leg radiculopathy; non-steroidal anti-inflammatory drug-induced reflux; and acute on chronic low back pain. The documentation indicates the injured worker has been taking Norco as far back as February 14, 2014. Subsequent documentation of a January 5, 2015 progress note shows the treating physician refilled Norco at the same dose, strength and frequency. There has been no attempt at weaning the Norco. There is no evidence of objective functional improvement associated with ongoing, long-term Norco. There are no risk assessments and no detailed pain assessments in the medical record. Consequently, absent clinical documentation with objective functional improvement, an attempt at weaning, a detailed pain assessment and risk assessment, Norco 10/325 mg one to two tablets every eight hours #180 is not medically necessary.