

Case Number:	CM15-0041347		
Date Assigned:	03/11/2015	Date of Injury:	04/09/1999
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/04/2015

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, Hawaii

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:

The injured worker is a 67-year-old male, who sustained an industrial injury on 4/9/1999. The mechanism of injury was not provided for review. The injured worker was diagnosed as status post low back surgery-2001. Treatment to date has included surgery and medication management. Currently, a progress note from the treating provider dated 12/5/2014 indicates the injured worker reported constant low back pain that radiated to the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient has constant low back pain radiating into the lower extremities. The current request is for Norco 10/325mg #120. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on

opioids. The domains have been summarized as the 4A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the medical records indicate the patient has been using Norco for a prolonged period of time without any evidence of pain relief or improved functional benefit as evidenced by his current 9/10 pain level. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. It is hard to understand how a patient could have significant benefit from a narcotic medication and continue to have a 9/10 pain level. The MTUS requires much more thorough documentation for continued opioid usage. The current documentation fails to provide medical support for the requested medication. As such, my recommendation is for denial, the treatment is not medically necessary.