

Case Number:	CM15-0047687		
Date Assigned:	03/19/2015	Date of Injury:	09/10/2008
Decision Date:	04/24/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/13/2015

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 63-year-old female, who sustained an industrial injury on 09/10/2008. She reported sustaining an injury to her low back with radiculopathy to the left leg and foot along with numbness and tingling secondary to her moving boxes. The injured worker was diagnosed as having degeneration of the lumbar intervertebral disc and lumbar radiculopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine, chiropractic therapy, medication regimen, and physical therapy. In a progress note dated 02/09/2015 the treating provider reports progressively worsening low back pain with radiculopathy symptoms with the left being greater than the right. The pain was rated a seven out of ten from prior rating of a nine out of ten secondary to chiropractic treatment. The medical records provided did not contain a request for the medication Norco, but the documentation did note that as of 02/09/2015 the injured worker was actively using this medication secondary to another injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 114-116.

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 5/325 mg 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. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state of the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar disc degeneration; and lumbar radiculopathy. The documentation does not contain evidence of aberrant drug-related behavior, drug misuse or abuse. Utilization review physician had a peer-to-peer phone conference with the physician's assistant (████) noted in the utilization review dated February 25, 2015. The assistant stated the injured worker had a signed opiate contract but the injured worker was not presently taking Norco. █████ commented Norco had not been prescribed since June 2014. The progress note dated January 9, 2015 indicated the treating physician wanted to minimize Norco to one tablet per day. The documentation shows the injured worker has significant relief with TENS unit but no relief with acupuncture. The injured worker admits to not wanting to take Norco. There is no quantity noted in the request for Norco 10/325 mg. There are no detailed pain assessments in the medical record. There is no documentation that contains objective functional improvement that relates to Norco to gauge Norco's ongoing efficacy. The treating physician's plan is to minimize Norco use. The injured worker admits to not wanting to take Norco. Consequently, absent clinical documentation with objective functional improvement while keeping Norco at a minimum with no quantity specified in the request, Norco 5/325 mg (unspecified quantity) is not medically necessary.