MAXIMUS Federal Services

Case Number:	CM15-0047718		
Date Assigned:	03/19/2015	Date of Injury:	01/11/2009
Decision Date:	12/03/2015	UR Denial Date:	02/17/2015
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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on 01-11-2009. He has reported injury to the low back. The diagnoses have included low back pain; radiculitis, lumbar, thoracic; lumbar herniated disc; and myofascial pain syndrome. Treatment to date has included medications, diagnostics, activity modification, lumbar epidural steroid injections. Medications have included Norco and Naproxen. A progress report from the treating physician, dated 01-13-2015, documented an evaluation with the injured worker. The injured worker reported continued pain in the low back; the pain is located in the lumbar-sacral spine; it is described as chronic and pressure; left sciatica; the pain is rated at 3 out of 10 in intensity, with medications; the medications enable him to work full time; and there is no aberrant behavior or adverse effect. It is noted that the injured worker has had four lumbar epidural injections in the past, each one helping with leg pain for 4-8 months. Objective findings included he is alert and oriented; he appears in no acute distress; and lumbar spine with decreased flexion, decreased extension, decreased lateral bending, and decreased rotation. The treatment plan has included the request for Norco 7.5mg-325mg quantity 120. The original utilization review, dated 02-17-2015, non-certified the request for Norco 7.5mg-325mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5MG -325 MG Quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. This worker is working. The progress notes state there is no adverse effects to the medication and no aberrant drug behavior. He had a urine drug screen on 11/19/14 and 2/11/15 consistent with opioid use. A pain scale was used to report his current pain but no comparison of pain level with and without or before and after taking the medication was provided. There was no documentation of any functional improvement in response to opioid use. In the absence of adequate documentation of improvement in pain and function in response to Norco, the continued use of Norco cannot be considered to be medically necessary.