

Case Number:	CM15-0050776		
Date Assigned:	03/24/2015	Date of Injury:	11/17/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 43 year old female injured worker suffered an industrial injury on 11/17/2014. The diagnoses were low back pain with radiation to the right lower extremity, rule out lumbar disc herniation. The diagnostics included lumbar magnetic resonance imaging. The injured worker had been treated with medications. On 2/19/2015, the treating provider reported low back pain with right knee pain. The low back pain radiates up toward her neck and radiated down to her right lower extremity. She also complained of headaches. The pain was rated as 8/10 and the average was 6/10 but reaching 9/10 at times. There was positive straight leg raise. The treatment plan included Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Request Norco 10/325 MG #60 (DOS 2/19/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. Utilization Review non-certified a request for continued treatment with Norco, citing a previous attempt to encourage weaning by modifying a similar request and lack of evidence of functional improvement. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids) in this case would be valuable. A formal plan to wean should be put in place if the patient has not already successfully begun to wean at this time. More detailed expectations should be outlined with the patient regarding pain management. Consideration of other pain treatment modalities and adjuvants is also recommended. The request to continue with long-term opioid treatment is not considered in the opinion of this reviewer to be medically necessary and appropriate based on the provided documents, which provide little evidence of objective functional improvement to substantiate continued opioid treatment.