

Case Number:	CM15-0057111		
Date Assigned:	04/01/2015	Date of Injury:	03/19/2007
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/25/2015

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 30 year old, male who sustained a work related injury on 3/19/07. The diagnoses have included L4-5 disc herniation, chronic right sciatic symptoms and neuropathic pain. Treatments have included MRIs of lumbar spine, epidural injections, home exercises and medications. In the PR-2 dated 2/9/15, the injured worker complains of worsening back pain. He complains of flare-up of back spasms. He has burning pain and numbness in his right leg. He rates the pain an 8/10. He rates the pain a 4/10 at best on medications and a 10/10 without medications. He has muscle spasm in lumbar trunk. He has decreased range of motion in low back. The treatment plan is to refill Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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 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 # 120 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 the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic L4 - L5 disc herniation with mass effect at the right exiting L5 nerve root right sciatic symptoms and neuropathic pain; and history cervical disc herniation and hypertension (nonindustrial). Documentation from January 23, 2013 shows the injured worker was taking Norco at that time for occasional flareups. A July 21, 2014 progress note (approximately 18 months later) show the injured worker had 9/10 continued pain on the VAS pain scale. The injured worker continued using Norco through that time period. In a progress note dated February 9, 2015, the injured worker had continued VAS pain scales of 8/10 and continued Norco through that time. There is no documentation demonstrating objective functional improvement with ongoing Norco. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement demonstrating Norco's efficacy and absent risk assessments and detailed pain assessments, Norco 10/325 mg # 120 is not medically necessary.