

Case Number:	CM15-0081581		
Date Assigned:	05/04/2015	Date of Injury:	08/17/1993
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/28/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 67 year old female, who sustained an industrial injury on 8/17/93. She reported initial complaints of low back pain. The injured worker was diagnosed as having chronic pain syndrome, unspecified; adverse drug effect, encounter long term use; lumbar degenerative disc disease. Treatment to date has included status post lumbar fusion (1997); post epidural steroid injection bleed (2/9/14); blood transfusion 4 units 2/20140; urine drug screening; medications. Currently, the PR-2 notes dated 3/16/15 and 4/1/15 indicated the injured worker complains of lower back pain. Presently her lower back is painful with prolonged sitting, standing and walking. The pain is sharp and stabbing. She denies any recent trauma, injury or illness and her CURES report of 3/26/15 is consistent for medications and provider. The injured worker is a status post lumbar fusion L5-S1 (1997) and has low back pain following the surgery that has been managed by medications (Lidoderm patch, Flexeril and Norco) and periodic epidural steroid injections and walking. The PR-2 notes submitted indicate Norco has been prescribed back as far as 5/28/14. Her physical examination notes palpable tenderness over the ileolumbar area along with tenderness on flexion at the waist to the knee and on extension. The provider is requesting Norco 10/325mg #140.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg is not medically necessary.