

Case Number:	CM15-0087064		
Date Assigned:	05/11/2015	Date of Injury:	09/06/2000
Decision Date:	06/10/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	05/06/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 09/06/2000. According to a progress report dated 02/17/2015, the injured worker was seen in follow up for complaints of low back pain. Overall, the injured worker reported that he was doing the same. Aching low back pain was rated 3-8 on a scale of 1-10. He was seen by a psychiatrist and was started on Abilify. He continued to walk for exercise which helped with his pain. Current medication regimen included Baclofen, Norco, Gabapentin, Clonazepam, Cymbalta and Abilify. Pain level without medications was rated 9 on a scale of 1-10 and 6-8 with medications. Medications allowed improvement in function, specifically described as an increase in his daily activity and an increase in sleep. He was able to clean his house due to the use of Norco. He was able to walk his dog and play ball with his son. It also helped him maintain his home exercise program, especially walking. Prior surgery included a lumbar fusion. Prior procedures included bilateral lumbar facet medical branch block. Diagnoses included adjacent segment disease L3-4 and chronic pain syndrome. Treatment plan included continued psychiatric follow-ups, home exercise program and discontinuation of Baclofen due to lack of clear functional benefit. Prescriptions given included Norco. Currently under review is the request for Norco 10/325mg #90 and Norco 10/325mg #30 (do not refill until 03/17/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Short-acting opioids; Opioids, long-term assessment; Opioid hyperalgesia; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #90 is not medically necessary and appropriate.

Norco 10/325mg #90 (do not fill until 3/17/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; Short-acting opioids; Opioids, long-term assessment; Opioid hyperalgesia; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition,

submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg #90 (do not fill until 3/17/2015) is not medically necessary and appropriate.