

Case Number:	CM15-0088129		
Date Assigned:	05/12/2015	Date of Injury:	01/18/2006
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/07/2015

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 53, year old male, who sustained an industrial injury on 1/18/2006. The current diagnoses are lumbago; low back pain. According to the progress report dated 3/9/2015, the injured worker complains of low back pain. With medication, his pain is rated 7/10 on a subjective pain scale. The physical examination reveals tenderness along the lumbar spine and facet joint. There is decreased range of motion. The current medications are Norco. Treatment to date has included medication management. The plan of care includes prescription for Norco.

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.

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 10/325mg # 90 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 diagnosis is lumbago. The earliest progress note in the medical record, dated March 24, 2014, contains Norco 10/325 mg documentation. The VAS pain score was 7/10 with medication. The most recent progress note, dated March 9, 2015, contains Norco 10/325 mg. The VAS pain score remains 7/10 and the injured worker is still not working March 9, 2015). Subjectively, the injured worker has low back pain and is active around the house. Objectively there is tenderness at the lumbar spine and facet joints. There is decreased flexion and decreased extension with decreased lateral bending. There are no risk assessments in the medical record. There are no detailed pain assessments with ongoing opiate use. There is no documentation demonstrating objective functional improvement with ongoing Norco 10/325mg. There has been no attempt at weaning Norco. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco, risk assessments, pain assessments and an attempt to wean, Norco 10/325mg # 90 is not medically necessary.