

Case Number:	CM15-0089349		
Date Assigned:	05/13/2015	Date of Injury:	12/05/2013
Decision Date:	06/16/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 (IW) is a 52 year old female who sustained an industrial injury on 12/05/2013. She reported lower back pain. The injured worker was diagnosed as having lumbar disc disease, lumbar facet syndrome, multilevel intervertebral disc protrusions, and intermittent lower extremity non-dermatomal radiculitis. Treatment to date has included acupuncture and medication. Currently, the injured worker complains of low back pain that she rates at a 3/10 on a pain scale with medications. The pain radiates to her legs and sometimes shoots all the way to her neck. There is diffuse tenderness to palpation and spasm noted over the lumbar paraspinal muscles with guarding, and moderate facet tenderness to palpation at the L4 through S1 levels. A request is made for urine toxicology screening and Norco 10/325mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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) Neck and Upper Back (Acute and Chronic), 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 document the least reported pain as 3/10 on the pain scale after taking opioid, but does not detail the length of pain relief. The patient reports increased level of function. The patient does have a history of aberrant behavior, according to the 12/18/2014 progress report the physician documents a urine toxicity screen inconsistent with prescribed medications. The previous reviewer modified the request to Norco 10/325 #60 with no refill. The patient has exceeded the guideline recommendations and does not get prolonged pain relief from Norco. As such, the request for Norco 10/325mg #60 with 1 refill is not medically necessary.