

Case Number:	CM15-0234697		
Date Assigned:	12/10/2015	Date of Injury:	11/15/2011
Decision Date:	01/15/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/01/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 11-15-2011. A review of medical records indicates the injured worker is being treated for failed back surgery syndrome, chronic pain syndrome, status post anterior lumbar interbody fusion at L4-5 and L5-S1 with excellent relief of back and lower extremity pain, status post transforaminal lumbar interbody fusion at L3-4 with residual severe low back pain, facet arthropathy at L1-2, L2-3, and L3-4, fusion at L3-4, L4-5, L5-S1 with mild bony central canal stenosis at L4-5 and mild bony neural foraminal stenosis at L4-5 and L5-S1, chronic low back pain, and neuropathic pain in the bilateral lower extremities. Medical records dated 11-18-2015 noted low back pain rated 8 out of 10 with radiation to the right lower extremity with associated numbness sensation. His back pain is worse since the last visit. Physical examination noted tenderness to the lumbar spine with decreased range of motion. Straight leg raise was positive bilaterally. Treatment has included Norco since at least 5-20-2015. Utilization review form dated 11-25-2015 modified Norco tab 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of this case, there was only vague reporting of functional improvements related to all medications used (Cymbalta and Norco and muscle relaxants) and pain level reductions of about 60% or so with the use of these medications collectively. There was no specific report found in the notes regarding Norco use and functional gains related, independent of other medications. Although there was no evidence for inappropriate use of Norco or significant side effects, without more clear documentation of functional benefit, this request is not medically necessary. Weaning may be indicated.