

Case Number:	CM14-0162902		
Date Assigned:	10/08/2014	Date of Injury:	05/06/2013
Decision Date:	11/07/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 29 year-old patient sustained an injury on 5/6/13 while employed by [REDACTED]. Request(s) under consideration include Norco 5/325mg. Diagnoses include Lumbar disc displacement without myelopathy; and cervical sprain. Reports of 4/8/14, 5/6/14, and 7/29/14 from the provider noted the patient with ongoing chronic unchanged lower back pain radiating to left leg; been taking Norco, Elavil, and Atarax for chronic pain. Exam showed unchanged flex/ext/rotation and lateral flexion of 45/5/10/20 degrees; paralumbar tenderness from L1 to L5-S1 with bilateral sacroiliac tenderness; slight left trochanteric tenderness. Diagnoses included chronic lumbar back pain with right posterolateral disc protrusion at L4-5 and small disc protrusion at L5-S1; chronic left leg radicular symptoms with occasional right leg radicular symptoms; sexual dysfunction; and depression secondary to industrial injury. Treatment included medication refills with continued modified duty status. The request(s) for Norco 5/325mg was non-certified on 9/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 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. The Norco 5/325mg is not medically necessary and appropriate.