

Case Number:	CM14-0197026		
Date Assigned:	12/05/2014	Date of Injury:	08/12/1998
Decision Date:	01/16/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

The injured worker is a 79-year-old male, who was injured on August 12, 1998, while performing regular work duties. The primary diagnosis is lumbago. The mechanism of the injury is not provided; however, on July 9, 2013, the injured worker is seen for exacerbated symptoms, after stepping into a depression in the ground. The injured worker has been treated with medications (Norco (since 6/2014), Flexeril, and Voltaren gel), and physical therapy. Progress notes dated 11/11/2014 indicate normal lumbar physical exam and worsening low back pain with radiation to bilateral legs. Pain ratings from 10/2014 through 11/2014 have ranged from 5-9/10. The request for authorization is for Norco 10/325 mg. On November 19, 2014, Utilization Review non-certified the request for Norco 10/325 mg, based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG)

Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

Decision rationale: The 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. Medical records do not indicate fully the pain assessment information required per guidelines. Importantly, the medical records did not indicate the quantity of Norco that is being requested along with the patient usage information. Quantity and patient directions are vital to ensuring proper usage of medication and patient safety. As such, the question for Norco 10/325 mg is not medically necessary.