MAXIMUS Federal Services

Case Number:	CM14-0218886		
Date Assigned:	01/09/2015	Date of Injury:	07/14/2006
Decision Date:	03/04/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Ohio, North Carolina, Virginia
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:

This 55 year old female sustained industrial related injuries on 07/14/2006 when she picked up a case of soda. The injured worker subsequently developed chronic back and leg pain. MRI of the lumbosacral spine in April 2012 showed L4-L5 posterior annular tear and an L5-S1 small central disc protrusion with generalized degenerative changes and possible mild central and lateral stenosis at the L4-L5 level. Diagnoses included lumbar strain/sprain, lumbar degenerative disc disease and severe facet arthrosis. Other diagnoses included diabetes and dysthymic disorder. Treating physician reports from 2012-2014 refer to prior treatments including oral pain medication, epidural injections, acupuncture and a TENS unit. Oral Norco was a chronic prn medication through at least 12/02/2014. Currently the IW complains of ongoing back pain. She was noted to get 50% reduction in pain and 50% functional improvement with ADL's with the use of medications including Norco.On 12/16/2014, Utilization Review non-certified the request for Norco 10/325 mg #120, citing MTUS Chronic Pain Treatment Guidelines, The UR decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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: Patients prescribed opioids chronically require ongoing assessment for pain relief, functional status, medication side effects, and any evidence of aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality and/or the injured worker has returned to work. Other recommendations for those prescribed opioids chronically include:(a) Has the diagnosis changed?(b) What other medications is the patient taking? Are they effective, producing sideeffects?(c) What treatments have been attempted since the use of opioids? Have they beeneffective? For how long?(d) Document pain and functional improvement and compare to baseline. Satisfactoryresponse to treatment may be indicated by the patient's decreased pain, increased level offunction, or improved quality of life. Information from family members or othercaregivers should be considered in determining the patient's response to treatment. Painshould be assessed at each visit, and functioning should be measured at 6-month intervalsusing a numerical scale or validated instrument.(e) Document adverse effects: constipation, nausea, vomiting, headache, dyspepsia,pruritis, dizziness, fatigue, dry mouth, sweating, hyperalgesia, sexual dysfunction, andsedation.(f) Does the patient appear to need a psychological consultation? Issues to examinewould include motivation, attitude about pain/work, return-to-work, social life includinginterpersonal and work-related relationships.(g) Is there indication for a screening instrument for abuse/addiction.Questions that should be asked more specifically include average pain, least pain, worst pain, time to onset of analgesia, and duration of analgesia. In this instance, while pain scores are said to improve 50%, there is no evidence that overall functionality has improved as a consequence of the Norco. The injured worker has not re-gained employment. No specific examples of improved functionality are provided and no numerical functional assessments have been submitted for review. No questioning seems to have occurred with relation to time of onset of analgesia or duration of analgesia from the Norco. Therefore,Norco 10/325mg #120 was not medically necessary. Modified quantities have already been certified to allow for weaning.