

Case Number:	CM15-0002446		
Date Assigned:	01/13/2015	Date of Injury:	02/11/2003
Decision Date:	03/10/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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 & Gen Prev Med

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 35 year old female, who sustained an industrial injury on 2/11/2003. The diagnoses have included lumbosacral spondylosis without myelopathy, lumbar facet arthropathy, lumbar degenerative disc disease, lumbar discogenic spine pain, muscle spasm and lumbar radiculopathy. Past medical history included hypertension. Surgical history included lumbar surgery and diagnostic medial branch block on 5/28/2014. Treatment to date has included pain medications and exercise. Magnetic resonance imaging (MRI) from 11/24/2014 revealed moderately advanced degenerative disc disease at L4-L5 with small central disk protrusion. Per the PR2 from pain management from 12/16/2014, the injured worker had a chief complaint of lower back pain and lumbar radiculopathy. The description of the pain was sharp, dull/aching, throbbing, numbness, pressure, electrical/shooting, cramping, weakness and spasm. Current medications were Cyclobenzaprine HCL 10mg tablets and Norco 10/325mg tablets. Toxicology testing from 10/22/2014 was consistent with compliance. Physical exam revealed a mildly antalgic gait. The injured worker was to continue with a home exercise program. A prescription was given for Norco 10/325mg one every 4-6 hours as needed QTY 150. On 12/29/2014, Utilization Review (UR) modified a request for Norco 10/325mg QTY 150 to Norco 10/325mg QTY 75 noting that there was no documented symptomatic or functional improvement from the previous usage. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation 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 not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg # 150 is not medically necessary.