MAXIMUS Federal Services

Case Number:	CM15-0011994		
Date Assigned:	01/29/2015	Date of Injury:	12/19/1997
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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 York
Certification(s)/Specialty: Internal Medicine

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 52 year old female, who sustained a work/ industrial injury on 12/19/97. Mechanism of injury was not provided in the documentation. She has reported recurring symptoms of lumbar pain with radiation down the left leg. Prior medical history was not provided. The diagnoses have included lumbar post-laminectomy syndrome, s/p L4-5, L5-S1, bilateral lower extremity radiculopathy, s/p intrathecal morphine pump (11/2002) with subsequent removal due to infection and broken catheter. Treatment to date has included stretching exercises, medication, physical therapy, steroid epidural injections, intrathecal morphine pump. Medications had included M S Contin, Norco, FexMid, Anaprox, Prilosec, Senokot, Colace, Neurontin, Synovacin, and Avinza . The treating physician requested refill for Norco for pain management. On 1/9/15, Utilization Review non-certified Norco 10/325 mg #180, noting the California Medical treatment Utilization Schedule (MTUS) Chronic Pain Medial 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 # 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97 (pdf format).

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication?s pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of his chronic pain syndrome. Medical necessity for the requested item has not been established. The requested item is not medically necessary.