

Case Number:	CM15-0015499		
Date Assigned:	02/03/2015	Date of Injury:	08/19/2007
Decision Date:	03/25/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 08/19/2007. He has reported low back pain. The diagnoses have included status post anterior and posterior lumbar fusions; myofascial pain syndrome; status post left carpal tunnel release; and status post right carpal tunnel release. Treatment has included medication, trigger point injections, and surgical intervention. Medications have included Norco, Neurontin, Ativan, Ambien, and Lidoderm patch. A progress note from the treating physician, dated 12/18/2014, documented a follow-up visit with the injured worker. The injured worker has reported low back pain radiating to the lower extremities; the pain is unchanged and rated at 7/10 on the visual analog scale; and he is tolerating his medications. Objective findings included tender trigger points upon palpation over the low back, buttocks, and upper spine with muscle twitch points; and decreased sensation at L4-5 bilaterally. The treatment plan has included injections of trigger points over the right and left low back, mid thoracic, and buttocks; prescriptions for medications; and follow-up evaluation as scheduled. On 12/31/2014 Utilization Review modified a prescription for Norco 5/325 mg, to Norco 5/325 mg #60 allow the patient this one refill for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months. The CA MTUS was cited. On 01/23/2015, the injured worker submitted an application for IMR for review of Norco 5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussion; Opioids Page(s): 8; 78-81.

Decision rationale: The injured worker sustained a work related injury on 08/19/2007 . The medical records provided indicate the diagnosis of status post anterior and posterior lumbar fusions; myofascial pain syndrome; status post left carpal tunnel release; and status post right carpal tunnel release. Treatment to date has included medication, trigger point injections, and surgical intervention. Medications have included Norco, Neurontin, Ativan, Ambien, and Lidoderm patch. The medical records provided for review do not indicate a medical necessity for Norco tab 5/325mg. The records indicate the injured worker has been using this medication since 2013; rather than reduction in pain, the report indicates the pain has increased from 6/10 to 7/10. The MTUS recommends the discontinuation of opioids if there is no overall improvement in function, unless there are extenuating circumstances; b) Continuing pain with the evidence of intolerable adverse effects; (c) Decrease in functioning. Also, the MTUS does not recommend the use of opioids for more than 70 days since the research for the use in chronic pain has been limited to 70 days. Additionally, the MTUS recommends a consideration of other treatment modalities if the patient's progress is unsatisfactory.