

Case Number:	CM15-0018557		
Date Assigned:	02/06/2015	Date of Injury:	01/12/2007
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/30/2015

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 50 year old female with an industrial injury dated 01/12/2007. Her diagnoses include chronic back pain, possible S1 joint syndrome, right lower extremity sciatica, chronic lumbar strain, pain related insomnia, and urinary leakage incontinence. Recent diagnostic testing was not submitted or discussed. She has been treated with medications, physical therapy, electrical stimulation, lumbar epidural steroid injections (3 in 2009), and chiropractic treatments. In a progress note dated 01/02/2015, the treating physician reports chronic low back pain (rated 7/10 without Norco and 5/10 with Norco) with radicular symptoms to the bilateral lower extremities and insomnia despite treatment. The objective examination revealed slight tenderness to palpation of the thoracic spine, moderate tenderness to palpation in the lumbar paraspinal region with extension into the right buttock and the right S1 joint region, slight decreased in motor strength in the lower extremities, and reduced sensation in the L4-L5 dermatomes of the right lower extremity. The treating physician is requesting Norco which was modified by the utilization review. On 01/27/2015, Utilization Review modified a prescription for Norco 10/325mg #150 to the approval of Norco 10/325mg #120 with no refills, noting the absence of toxicology screening. The MTUS ACOEM ODG Guidelines were cited. On 01/30/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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), Pain, Opioids

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. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. Additionally, weaning has previously been recommended. As such, the request for Norco 10/325mg #150 is not medically necessary.