

Case Number:	CM15-0111749		
Date Assigned:	06/18/2015	Date of Injury:	06/16/2003
Decision Date:	07/17/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Connecticut, California, Virginia
 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 34 year old male with an industrial injury dated 06/16/2003. His diagnoses/impression were lumbar degenerative disc disease, status post interbody fusion at lumbar 4-5 with pedicle screws fixation at lumbar 5-sacral 1, facet-mediated pain with facet overgrowth, depression, insomnia and hypogonadism from narcotic use. Prior treatments included medications and diagnostic testing. He presented on 04/15/2015 with complaints of chronic lower back pain, severe spasms and burning pain in his left leg with weakness. Physical exam revealed palpable spasm in the lumbar trunk. Left Achilles reflex was absent. There was slight weakness in left thigh flexion, knee extension and great toe extension. Palpation revealed muscle spasm in the lumbar trunk. The treating physician notes the injured worker states he gets 50% reduction in pain and 50% functional improvement with activities of daily living with the medications versus not taking medications. In the progress note dated 03/18/2015 the injured worker rated his pain as 8/10 at the time of the visit, at best 4/10 with medications and a 10/10 without medications. The injured worker is under a narcotic contract with the provider's office. Urine drug screens have been appropriate. The injured worker was not working. Treatment plan included refills of MS Contin, Norco, Ambien, Robaxin and Cymbalta. The injured worker was to follow up in 4 weeks. The treatment request is for Norco 10/325 mg # 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 Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement (return to work is a very strong indicator) on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.