

Case Number:	CM15-0114114		
Date Assigned:	06/22/2015	Date of Injury:	07/01/2009
Decision Date:	07/21/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/12/2015

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 39-year-old female, who sustained an industrial injury on 07/01/2009. Initial complaints and diagnosis were not clearly documented. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04/20/2015 the injured worker has reported low back pain. On examination of the lumbar spine revealed a well healed incision and tenderness and spasm in the para lumbar musculature was noted on palpation. Straight leg raise test was positive. Sensation was noted as decreased on right L5 sensation. The diagnoses have included status post lumbar spine total disc replacement/fusion surgery. Treatment to date has included laboratory studies, injections, medication Norco, Gabapentin and Cyclobenzaprine. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity with medication regimen. The provider requested Norco 10/325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

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 non-certified the request. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not medically necessary.