

Case Number:	CM15-0114238		
Date Assigned:	06/22/2015	Date of Injury:	02/12/2005
Decision Date:	07/21/2015	UR Denial Date:	05/13/2015
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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on February 21, 2005. Treatment to date has included MRI of the lumbar spine, lumbar discectomy, opioid medications, lumbar medial branch blocks, myofascial injections, and transforaminal epidural steroid injection. Currently, the injured worker complains of low back pain. He reports that his pain extends to his lateral buttocks and he has pinching pain in his low back. He continues to have issues with prolonged seating and standing. He rates his pain a 7 on a 10-point scale. He reports that OxyContin relieves his pain and Norco helps with breakthrough pain relief. His medications give him greater than 50% relief. He is able to more activity, controls pain 50-60% and he is able to walk 30-40 minutes when taking his medication as opposed to 5 minutes when not taking his medication. The diagnoses associated with the request include lumbar stenosis and back pain. The treatment plan includes weaning his opioid medications, continue Norco for breakthrough pain, Soma, neurosurgical evaluation, and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case describes use of 2 10/325 Norco four times a day in addition to 50 mg of extended release Oxycontin twice daily. The record states both that pain is decreased and function is increased with medication use AND that weaning of narcotic has produced no increase in pain or loss of function. Additionally, a short acting medication such as Norco is intended for as needed use for breakthrough pain and is not intended to be used regularly on a four time daily schedule. The request for #240 pills indicates that the claimant uses 8 pills daily (2 pills every 6 hours) which is not medically appropriate. The medical record does not support medical necessity of ongoing opioid therapy with Norco 10/325 #240.