

Case Number:	CM15-0114512		
Date Assigned:	06/26/2015	Date of Injury:	09/15/1999
Decision Date:	07/31/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/15/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 9/15/99. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spondylosis, lumbosacral spondylosis without myelopathy, lumbosacral radiculopathy and degenerative disc disease of lumbar spine. Treatment to date documented in the submitted records has included activity restrictions, Norco 7.5/325mg and Ibuprofen 600mg. On 5/8/15, the injured worker noted his pain symptoms had improved since previous visit and current medication was helping to improve his functional ability. He rated his pain level at 5/10. On 2/23/15 the injured worker complained of low back pain, unchanged since previous visit. He notes the pain is mainly in right side of lumbosacral area, worsens with activity and without radiation. He rated the pain level as 5/10, which is unchanged from previous visit. The physician noted that Urine Drug Screen was consistent with expectations based on medicines prescribed. He is not working and temporarily totally disabled. Physical exam on 5/8/15 noted the injured worker did not appear over sedated and physical exam dated 2/23/15 noted mild right sided lumbosacral paraspinous tenderness and complaint of pain with extension of low back. The treatment plan included prescriptions for Norco 7.5/325mg #120 and Ibuprofen 600 mg #100. A request for authorization was submitted for Norco 7.5mg #120 and Ibuprofen 600mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5mg/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain, Opioids Page(s): 60, 74-96.

Decision rationale: This injured worker has chronic back pain. Norco has been prescribed for at least three months. The MTUS Chronic Pain Medical Treatment Guidelines indicate continued use of opioids requires 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. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The injured worker noted pain rated 5/10 at the most recent visit, which was unchanged from previous visit. Documentation did not indicate intensity of pain or improvement in pain after taking the opioid or improvement in functional status. Work status was noted as temporarily totally disabled; here was no documentation of change in work status, and no documentation of improvement in specific activities of daily living as a result of use of norco. For these reasons, the request for norco is not medically necessary.