

Case Number:	CM15-0114969		
Date Assigned:	06/23/2015	Date of Injury:	07/31/2014
Decision Date:	07/23/2015	UR Denial Date:	06/05/2015
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: California
 Certification(s)/Specialty: Emergency 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 31 year old male, who sustained an industrial injury on July 31, 2014. He reported shooting pain of the back, buttocks, and legs due to repetitive lifting. The injured worker was diagnosed as having disc displacement not otherwise specified, lumbosacral spondylosis, and lumbosacral neuritis. Diagnostic studies to date have included MRIs, electrodiagnostic studies, and x-rays. On October 14, 2014, he underwent a left lumbar 5-sacral 1 microdiscectomy. Treatment to date has included postoperative physical therapy and medications including opioid, muscle relaxant, steroid, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: October 2013 and July 31, 2014. On May 14, 2015, the injured worker complained of continued low back pain with activity. The pain is described as constant aching, sharp, stabbing, and moderate to greater than moderate in intensity. Discomfort is caused by bending, sitting, walking, and standing. Associated symptoms include numbness, tingling, and weakness of the left leg. Lying down alleviates the pain. His pain is rated: 4/10 with rest and 7/10 with activity. His gait was normal. The physical exam revealed tenderness to palpation of the lumbar paraspinal muscles, the sacroiliac joint, posterior superior iliac spine area, and the buttocks region. There was palpable spasm. There was decreased flexion and lateral bending. The strength throughout the lower extremities was normal. There were no neurological deficits. The injured worker's modified work status included weight bearing as tolerated up to 2-8 hours per day, no repetitive bending or stooping, and changing positions at will: sit-stand-walk. The treatment plan included a refill of opioid pain medication: Norco. The long term usage of opioid therapy is discouraged by the

Medical Treatment Utilization Schedule (MTUS) guidelines unless there is evidence of "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." There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. Therefore, the Norco is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325 mg, 120 count, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain with activity. The pain is described as constant aching, sharp, stabbing, and moderate to greater than moderate in intensity. Discomfort is caused by bending, sitting, walking, and standing. Associated symptoms include numbness, tingling, and weakness of the left leg. Lying down alleviates the pain. His pain is rated: 4/10 with rest and 7/10 with activity. His gait was normal. The physical exam revealed tenderness to palpation of the lumbar paraspinal muscles, the sacroiliac joint, posterior superior iliac spine area, and the buttocks region. There was palpable spasm. There was decreased flexion and lateral bending. The strength throughout the lower extremities was normal. There were no neurological deficits. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg, 120 count is not medically necessary.