

Case Number:	CM15-0115158		
Date Assigned:	06/25/2015	Date of Injury:	08/24/2009
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
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: Physical Medicine & Rehabilitation

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 08/24/2009. Diagnoses include complaints of abdominal pain secondary to prescribed medications, complaints of headaches, L3-L4 disc herniation with central stenosis and bilateral NF narrowing, L4-L5 moderated central stenosis with marked neuroforaminal narrowing with pressure over L4 roots, status post decompression and fusion L3-L5 and previous microdiscectomy at L3-L4 and L4-5. Treatment to date has included diagnostic studies, status post decompressive laminectomy with facetectomies L3-4, and L4-5 and pedicle screw instrumentation L3-4, L4-5 using cervical spine pedicle screw and posterolateral fusion L3-L5 with iliac crest bone graft 12/20/2013, microdiscectomy L3-L4, L4-L5 on 04/06/2010, and physical therapy. A physician progress note dated 04/30/2015 documents the injured worker has complaints of low back pain that radiates into the left lower extremity. He has restricted range of motion. He is using 4-5 Norco a day but states this is not adequately controlling his pain. He reports increased lower back pain with bending. The treatment plan includes the physician is following up on a request for Butrans patch-there is concern for liver toxicity as he has been using Norco on a chronic basis, a psychiatric consultation, pending scheduling. Treatment requested is for retrospective (DOS: 4/30/2015) Norco 10/325mg Qty: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 4/30/2015) Norco 10/325mg Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines, cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The patient states the use of 4-5 Norco a day is not adequately controlling his pain. The Retrospective (DOS: 4/30/2015) Norco 10/325mg Qty: 120 is not medically necessary and appropriate.