

Case Number:	CM15-0115472		
Date Assigned:	06/23/2015	Date of Injury:	12/14/2006
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 57 year old female, who sustained an industrial injury on 12/14/2006. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 05/26/2015 the injured worker has reported lumbar spine pain that radiates to left lower extremity and to right extremity. There is occasional numbness and tingling, to her left greater than right big toes. Weakness in bilateral legs was noted. Mild urinary incontinence and urgencies was noted. On examination of the lumbar spine and lower extremities there was tenderness to palpation bilaterally to the paravertebral muscles, sacroiliac joints and bilateral sciatic notches. The injured worker was noted to not be able to squat due to low back pain and bilateral lower extremity weakness. Trochanter was noted to have tenderness to palpation bilaterally. The diagnoses have included chronic cervical spine sprain/strain and left C7-C8 and lumbar spine pain. Treatment to date has included medication: Mobic, Pantoprazole Sod Dr, Lidoderm patch, gabapentin, Celebrex and Norco, and injections. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted. The provider requested Norco 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines - pain, opioids.

Decision rationale: The medical records report ongoing pain that is helped subjectively by continued use of opioid but does not indicate objective functional improvement or significant reduction in pain. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as norco. The request is not medically necessary.