

Case Number:	CM15-0117230		
Date Assigned:	06/30/2015	Date of Injury:	09/22/2011
Decision Date:	08/04/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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 63 year old male who sustained an industrial injury on 9/22/11. The injured worker was diagnosed as having left foot drop and lumbar disc herniation/radiculitis. Treatment to date has included oral medications including Norco. Currently on 5/22/15, the injured worker complains of chronic low back pain with bilateral radiation. He also notes left foot drop and pain increased on ambulation. On 4/3/15 the injured worker complained of pain with radiation to both legs with numbness in both feet and weakness in left and dragging of left foot. Documentation does not indicate if the injured worker is currently working. Physical exam dated 5/22/15 noted decreased sensation and strength, absent ankle reflex and on 4/3/15 decreased range of motion with tenderness of joints was noted bilaterally. The treatment plan for date of service 5/22/15 included refilling of Norco 10/325mg #150 and on 4/3/15 Norco 10/325mg #150 along with a request for transforaminal epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #150 with a dos of 4/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

Decision rationale: This injured worker complains of continued low back pain with radiation to lower extremities and left foot drop. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. In this case, there were no functional goals discussed, and return to work was not documented. This injured worker has continued low back pain with radiation. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Documentation does not note if he is currently working. There was no documentation of improvement in specific activities of daily living as a result of use of Norco. There was no documentation of decrease in dependence on medical treatment. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Therefore, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is not medically necessary.

Retrospective Norco 10/325 mg #150 with a dos of 5/22/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

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

Decision rationale: This injured worker complains of continued low back pain with radiation to lower extremities and left foot drop. The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS recommends prescribing according to function, with specific functional goals and return to work. In this case, there were no functional goals discussed, and return to work was not documented. This injured worker has continued low back pain with radiation. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Documentation does not note if he is currently working. There was no documentation of improvement in specific

activities of daily living as a result of use of Norco. There was no documentation of decrease in dependence on medical treatment. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. Therefore, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is not medically necessary.