

Case Number:	CM15-0117427		
Date Assigned:	06/25/2015	Date of Injury:	10/17/2008
Decision Date:	07/27/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/18/2015

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, Indiana, New York
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 53-year-old male, who sustained an industrial injury on 10/17/2008. He reported low back pain. Diagnoses have included lumbar radiculopathy, lumbar degenerative disc disease, lumbar herniated nucleus pulposus (HNP) and lumbar facet arthropathy. Treatment to date has included pool therapy, lumbar surgery, physical therapy, chiropractic treatment, acupuncture, epidural steroid injection and medication. According to the progress report dated 4/20/2015, the injured worker complained of low back pain. He used a cane for ambulation and a back corset for support and stability. He stated that low back pain radiated to the bilateral lower extremities with numbness, tingling and cramping. He rated his back pain as 8/10. He reported having a flare in pain two weeks ago that was now subsiding. He also complained of aching and stabbing pain in his upper back radiating down into his lower ribs rated 6/10. Current medications included Norco, Prilosec, Gabapentin, Flexeril, Pamelor, Naproxen and MS Contin. Gait was noted to be antalgic. There was tenderness to palpation over the thoracic and lumbar spine. Facet loading was positive. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar radiculopathy; lumbar degenerative disc disease; lumbar HNP; and lumbar facet arthropathy. The date of injury is October 17, 2008. According to an orthopedic agreed medical legal evaluation dated November 13, 2014, the prescribing provider started Norco 10/325mg March 21, 2013. In a progress note dated December 2014, MS Contin 15 mg every eight hours was started. Norco 10/325mg was maintained with no attempt at weaning. The most recent progress note dated May 19, 2015 shows the injured worker has ongoing low back pain 8-9/10 (worsening pain scores). The injured worker was treated with chiropractic, acupuncture, physical therapy, aquatic therapy and transforaminal epidural steroid injections. The documentation indicates the treating provider has continued MS Contin and Norco 10/325mg. The documentation does not demonstrate objective functional improvement with Norco 10/325mg. Moreover, MS Contin was added to the drug regimen. Consequently, absent clinical documentation with objective functional improvement to support ongoing Norco 10/325mg, risk assessments, detailed pain assessments, and attempted weaning (after addition of a second long-acting opiate), Norco 10/325mg # 120 is not medically necessary.