

Case Number:	CM15-0117472		
Date Assigned:	07/01/2015	Date of Injury:	04/22/1997
Decision Date:	12/03/2015	UR Denial Date:	05/28/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 62 year old male, who sustained an industrial injury on 04-22-1997. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for unspecified neuralgia, pain in pelvic region and thigh, mono-neuritis of lower limb, generalized abdominal pain, and panic disorder. Treatment and diagnostics to date has included injections (which provides "about 3 months of relief" per 05-11-2015 progress note), home exercise program, and medications. Recent medications have included Norco, Neurontin, Remeron, Viagra, Carvedilol, and Atorvastatin. Subjective data (03-16-2015 and 05-11-2015), included left inguinal pain and genitofemoral neuralgia rated 10 out of 10 without medications, 5 out of 10 with medications, and 8 out of 10 pain level at each visit. Objective findings (05-11-2015) included lumbosacral tenderness to palpation with left sided positive Fabere test. The Utilization Review with a decision date of 05-28-2015 noted that the request for Norco 10-325mg tabs, 1 by mouth three times a day as needed for pain #180 with no refills for symptoms related to the lumbar, ilioinguinal and genitofemoral, as an outpatient is not medically necessary and should be weaned and discontinued over approximately 30 days at 25% each week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablets 1 by mouth t.id as needed #180 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document pain relief, increased level of function, or improved quality of life. Additionally, the treating physician documents and inconsistent CURES report. The previous reviewer modified the request for weaning. As such, the request for Norco 10/325mg tablets 1 by mouth t.i.d. as needed #180 no refills is not medically necessary.