

Case Number:	CM15-0121635		
Date Assigned:	07/08/2015	Date of Injury:	12/05/2005
Decision Date:	09/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: 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 52-year-old male, who sustained an industrial injury on December 5, 2005. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having sprain lumbar region, backache unspecified, and pain in joint/pelvis. Diagnostic studies to date have included: On March 30, 2015, an MRI of the lumbar spine revealed a 1-2 millimeter (mm) disc osteophyte complex at lumbar 1-2 causing mild dural compression. At lumbar 2-3, there was a 1.0 x 1.4 x 1.5 centimeter right central disc extrusion extending cranially causing mild dural compression with right lateral recess effacement possibly displacing the traversing right lumbar 3 nerve. At lumbar 3-4, there is a left central disc extrusion and bilateral facet hypertrophy causing mild dural compression with left lateral recess narrowing contacting the traversing left lumbar 4 nerve. There was mild 4 mm right neural foraminal stenosis at lumbar 3-4. At lumbar 4-5, there was 3 mm disc bulging and bilateral facet hypertrophy causing mild dural compression. There was grade 1 anterolisthesis of lumbar 5 on sacral 1 measuring 5 mm secondary to bilateral par interarticularis defects of lumbar 5 without significant stenosis. The exiting right lumbar 5 nerve is contacted by the right lateral endplate osteophyte far laterally. On March 19, 2015, a urine drug screen revealed findings inconsistent with his prescribed medications: negative for benzodiazepines, Carisprodol, and opiates; and positive for amphetamine and methamphetamine. Treatment to date has included medications including two opioid analgesics, muscle relaxant, antianxiety. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of acute stress reaction emotional. Work status: He is to remain off

work until May 28, 2015. On April 30, 2015, the injured worker reports his back pain is doing well. He reports he has not had too much pain, as he has not been too active. At times, he has pain when getting up from lying down. His pain is rated 6/10. The physical exam revealed lumbosacral pain with decreased range of motion. The treatment plan includes Norco 10/325 mg -one every 4 hours #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg QTY 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The long-term usage of opioid therapy is discouraged by the California Medical Treatment Utilization Schedule (CMTUS) guidelines unless there is evidence of "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 document the least reported pain over the period since last assessment, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief last. The CMTUS also details indications for discontinuing opioid medication, such as serious non-adherence or diversion. There is a lack of documentation of ongoing assessment of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The records clearly indicate the treating provider does not explain inconsistent urine drug test and the inconsistent results, which would be necessary for continued usage. Additionally, there is a diagnosis and treatment of anxiety, which is considered a red flag and has not been shown to have good success with opioid therapy. The provider fails to detail extenuating circumstances for opioid usage in the context of anxiety. With guidelines not being met, the request for Norco 10-325mg QTY 180.00 is not medically necessary.