

Case Number:	CM15-0121858		
Date Assigned:	07/06/2015	Date of Injury:	11/22/2010
Decision Date:	08/07/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/24/2015

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

Certification(s)/Specialty: Family Practice

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 40 year old male who sustained an industrial /work injury on 11/22/10. He reported an initial complaint of right foot and lumbar pain. The injured worker was diagnosed as having lumbago, lumbar radiculitis, low back pain with lumbar degenerative disc disease and chronic pain due to trauma. Treatments to date include medications, diagnostic testing, and surgery. MRI results reported on 10/26/12. EMG/NCV (electromyography and nerve conduction velocity test) was performed on 11/2/12. Currently, the injured worker complained of low back pain and bilateral foot pain rated 6-7/10 without medication and 3-4/10 with medication. Per the primary physician's report (PR-2) on 5/14/15, examination noted no neurological dysfunction, tenderness at the sacroiliac joints bilaterally, tenderness at the thoracic and lumbar paraspinals on the right and increased pain elicited with flexion and extension. Straight leg raise was positive bilaterally. There was an amputation of the right great toe. Current plan of care included physical therapy and medication. The requested treatments include 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 #120: 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 for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic pain involving the lower back and the R foot. This relates back to a work-related injury on 11/22/2010. This review addresses a request for refills of Norco 10/325 mg #120. On examination there is tenderness of the paraspinal muscles of the lower back and the SI joints. The SLR exam is positive on both sides. The medical diagnoses include lumbar disc disease and radiculopathy. Norco 10/325 mg contains 10 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically indicated.