

Case Number:	CM15-0121873		
Date Assigned:	07/06/2015	Date of Injury:	08/27/2010
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
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: Iowa, Illinois, Hawaii

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:

This injured worker is a 41 year old male, who reported an industrial injury on 8/27/2010. His diagnoses, and or impression, were noted to include: low back pain/lumbago; trochanteric bursitis; and long-term use of medications. No current imaging studies were noted; electrodiagnostic studies, for cervical neuropathy versus other neuropathies, were noted done on 2/3/2015 which noted abnormal findings. His treatments were noted to include medication management with toxicology screenings; and rest from work. The progress notes of 2/24/2015 reported a follow-up visit for continued neck pain with numbness in the fingers, bilaterally, as well as burning in the upper extremities, and radiating low back pain, with numbness, to the feet, aggravated by walking; as well as decreased use of medications, with a stopping of medications x 2 weeks in December, but with minimal usage since being back to work. Objective findings were noted to include cervical spine tenderness with decreased range-of-motion; and tenderness of the lumbar spine and facet joints, with decreased range-of-motion. The physician's requests for treatments were noted to include reducing Norco use to 4 x/day, a #120 count for the next month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. 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 low 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 the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 10/325 MG #120 is not medically necessary.