

Case Number:	CM15-0122295		
Date Assigned:	07/06/2015	Date of Injury:	10/22/2004
Decision Date:	08/13/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/25/2015

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: Pediatrics, 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 75 year old female, who sustained an industrial injury on October 22, 2004. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having herniated disc of lumbosacral spine and lumbar radiculopathy. Diagnostic studies were not included in the provided medical records. Treatment to date has included a lumbar support, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including compound creams and opioid analgesic. There were no noted previous injuries or dates of injury, and no noted comorbidities. On March 26, 2015, the injured worker complains of continued low back pain radiating down to the bilateral lower extremities. She reports that her medications and lumbar support are helpful in alleviating her pain. A TENS unit has helped in the past. The physical exam revealed tenderness in the lumbar paraspinal musculature, decreased range of motion secondary to pain and stiffness, and positive bilateral straight leg raise test at 20 degrees. The motor exam was unremarkable. There was decreased sensation to light touch and pinprick at the bilateral lumbar 5-sacral 1 dermatomal distribution. The deep tendon reflexes were decreased throughout. The treatment plan includes requests for a TENS unit and a urine drug screen. On April 27, 2015, the injured worker was seen by the treating physician. The treatment plan includes Norco 10/325mg #120, one tablet every 4 hours as needed.

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
Page(s): 78-81; 86.

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 Medical Treatment Utilization Schedule (MTUS) 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." There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation of the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained from the opioid medication. The medical records show that urine drug screen was requested on March 26, 2015, but the results of recent urine drug screening are not included. Therefore, the Norco is not medically necessary.