

Case Number:	CM15-0123763		
Date Assigned:	07/08/2015	Date of Injury:	08/22/2000
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/26/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old male, who sustained an industrial injury on 8/22/2000. He reported low back pain and pain down his left lower extremity due to lifting. Diagnoses have included chronic back pain, spinal/lumbar degenerative disc disease and post lumbar laminectomy syndrome. Treatment to date has included chiropractic treatment, magnetic resonance imaging (MRI), surgery, transcutaneous electrical nerve stimulation (TENS) unit, home exercise program and medication. According to the progress report dated 6/9/2015, the injured worker complained of low back pain radiating down both legs. He rated his pain with medications as 6/10 and without medications as 8/10. He reported that medications were working well. The injured worker had a slow, antalgic gait. Exam of the lumbar spine revealed loss of normal lordosis and restricted range of motion. There was tenderness to palpation and paravertebral muscle spasm. Lumbar facet loading was positive on both sides. Authorization was requested for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 6/9/15, the injured worker rated his pain 6/10 with medications and 8/10 without. It was noted that with medication he was able to perform household tasks including cooking, cleaning, and self-care. CURES dated 4/1/15 was appropriate. The most recent urine drug screen was noted to be 1/2014, which was appropriate with prescribed medications. However, continuous UDS are necessary to assure safe usage and establish medical necessity. Medical necessity cannot be affirmed without updated UDS. Therefore, the request is not medically necessary.