

Case Number:	CM15-0126804		
Date Assigned:	07/13/2015	Date of Injury:	08/12/2010
Decision Date:	09/15/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/01/2015

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 35 year old male injured worker suffered an industrial injury on 8/12/2010. The diagnoses included post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar degenerative disc disease, chronic pain syndrome, muscle pain, paresthesia, low back pain and insomnia. The injured worker had been treated with medications, physical therapy, H-wave unit and TENS unit. On 6/2/2015 the treating provider reported chronic low back pain. He reported that the medications continue to be helpful and well tolerated and was averaging 4 tablets a day. He was able to walk 15" to 20" longer with the help of the medications. He found the TENS and H-Wave helpful for added pain relief. He rated the pain as 7 to 8/10 without medications and 6/10 with medications. On exam the lumbar spine had increased pain with range of motion and tenderness. There was decreased sensation was decreased over the bilateral lower extremities. The most recent urine drug test was consistent with the prescribed medications. The injured worker had not returned to work. The treatment plan included NARC EXT Norco 10/325 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

NARC EXT Norco 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS discourages long term usage 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 documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided included pain levels and urine drug screens that were consistent with prescribed medications. The medical records did not include least reported pain over the period since last assessment, how long it takes for pain relief and how long relief lasted. The comprehensive pain assessment was incomplete. Functional improvement is defined as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The evidence for functional improvement was not evidenced in the medical record. Therefore, Norco was not medically necessary.