

Case Number:	CM15-0162433		
Date Assigned:	09/01/2015	Date of Injury:	02/01/2007
Decision Date:	11/12/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/18/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 51-year-old male who sustained an industrial injury on 02-01-2007. A review of the medical records indicated that the injured worker is undergoing treatment for chronic low back pain, lumbar degenerative disc disease and lumbar radiculopathy. The injured worker is status post lumbar surgery times 3 including a L3-S1 fusion in 12-2013. According to the treating physician's latest progress report on 06-03-2015 for this review, the injured worker continues to experience low back and right leg pain. According to the physician, the pain is in the L4 and L5 distribution on the right and L5 on the left. The injured worker reported that with pain medications, he is able to work around the house and take care of his children and without Lyrica he is unable to ambulate. Examination demonstrated pain with lumbar flexion and less with extension. Straight leg raise was positive bilaterally. Deep tendon reflexes and motor strength of the bilateral lower extremities were within normal limits with a normal gait present. Prior treatments have included diagnostic testing, surgery, lumbar epidural steroid injections, and bilateral hardware blocks at L2, L3, L4, and L5 on 03-02-2015, physical therapy, home exercise program and medications. Current medications were listed as Hydrocodone, Soma and Lyrica. According to the progress note dated 06-03-2015, the injured worker was taking Hydrocodone 7.5mg three times a day; however, this request represents an increase in dosage. Treatment plan consists of continuing medications, possible hardware removal and the current request for Norco 10mg-325mg #90. On 08-03-2015, the Utilization Review modified the request for Norco 10mg-325mg #90 to Norco 10mg-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Weaning of Medications.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. It is noted that the prior utilization approved a lesser number, but I am not finding the case meets criteria at all for longer-term opiate usage. The request for the opiate usage is not medically necessary per MTUS guideline review.