

Case Number:	CM15-0171910		
Date Assigned:	09/14/2015	Date of Injury:	07/30/1997
Decision Date:	10/19/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/01/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, 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 60 year old male, who sustained an industrial injury on 07-30-1997. He has reported injury to the low back. The diagnoses have included low back pain; lumbosacral spondylosis without myelopathy; and lumbar disc disorder. Treatment to date has included medications, diagnostics, physical therapy, radiofrequency rhizotomy lumbar spine, and surgical intervention. Medications have included Norco, Nucynta, Celebrex, Soma, Terocin Patch, and Ambien. A progress note from the treating physician, dated 07-30-2015, documented a follow-up visit with the injured worker. The injured worker reported constant pain in the lower back; the pain is rated at 9 out of 10 in intensity at its worse; the pain is described as aching and throbbing, and is made worse by twisting, turning, bending, increased activity and cold weather; the pain gets better by sitting, resting, and using pain medications; and the injured worker's function improves 80% with medication. Objective findings included gait is normal; spasm is present in the lumbar paravertebral region; tenderness is noted in the right lumbar paravertebral regions at the L2-L3 and L3-L4 levels; extension, right lateral rotation, and left lateral rotation of the lumbar spine are positive for back pain; range of motion of the lumbar spine is restricted; sensations are equal in both lower extremities; and motor strength is 5 out of 5 in both lower extremities. The treatment plan has included the request for Norco 10-325mg #112. The original utilization review, dated 08-06-2015, non-certified a request for Norco 10-325mg #112.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #112: 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, cancer pain vs. nonmalignant pain.

Decision rationale: MTUS 2009 states that opioids should be discontinued if there's no functional improvement when they are used to treat non-cancer pain. The patient reportedly receives significant benefit from the Norco. However interventional procedures are provided to treat the reported pain. The need for interventional procedures is not consistent with good pain control from taking the opioid medications. Long-standing opioid use can result in dependence which is likely the case in this situation. However opioid dependence does not meet MTUS 2009 criterion for continued use. The ongoing use of Norco in the situation is not medically necessary.