

Case Number:	CM15-0174148		
Date Assigned:	09/16/2015	Date of Injury:	10/06/1999
Decision Date:	10/16/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/03/2015

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, Indiana, New York
 Certification(s)/Specialty: 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:

This is a 60-year-old male with a date of injury on 10-6-1999. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc disease and lumbar facet syndrome. Medical records (3-3-2015 to 7-23-2015) indicate ongoing lumbar spine pain described as constant and aching. The pain radiated down both legs with burning into the feet. He rated his average pain as seven out of ten. The injured worker complained of increased bilateral leg pain with sitting. Per the treating physician (7-23-2015), the employee has not returned to work. The physical exam (3-3-2015 to 7-23-2015) revealed lumbar spine range of motion grossly limited and with pain. Straight leg raise was positive bilaterally. Cervical spine range of motion was grossly limited and with pain. Treatment has included lumbar surgery, epidural steroid injection, physical therapy and medications. Current medications (7-23-2015) included Norco, Gabapentin and Meloxicam. Medical records indicate that the injured worker has been prescribed Norco since at least 4-2-2012. The request for authorization dated 8-14-2015 was for Norco. The original Utilization Review (UR) (8-19-2015) modified a request for Norco 10-325mg #120 to #85.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are postoperative posterior lumbar fusion; intervertebral disc NOS disorder with myelopathy lumbar spine; facet joint syndrome. The injured worker is status post lumbar fusion L4 - S1 with disc disease at L2 - L3 and L3 - L4 with radicular type symptoms. The date of injury is October 6, 1999. Request for authorization is October 14, 2015. According to a November 26, 2013 progress note, current medications included Norco 10/325mg. According to a July 23, 2015 progress note, subjectively the injured worker complains of low back pain for 15 years. Pain score is 7/10. Medications include Norco 10/325mg three times per day. There is no documentation demonstrating objective functional improvement to support ongoing Norco. A progress note dated March 19, 2014 contains a pain score of 3-4/10. The pain score as of July 23, 2015 is 7/10. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. The documentation does not demonstrate objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no risk assessments or detailed pain assessments and no documentation demonstrating objective functional improvement, Norco 10/325mg # 120 is not medically necessary.