

Case Number:	CM15-0174979		
Date Assigned:	09/16/2015	Date of Injury:	12/15/2014
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 40 year old male, who sustained an industrial injury on 12-15-2014. The medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disease. According to the progress report dated 8-12-2015, the injured worker complains of pain and spasm in the lumbar spine. The level of pain is not rated. The physical examination of the lumbar spine reveals muscle spasms, trigger points, and restricted and painful range of motion. Flexion is 45 degrees, extension 20 degrees, and left and right lateral bending 20 degrees. The current medications are Norco and Valium. Urine drug screen from 4-22-2015 was consistent with prescribed medications. There is documentation of ongoing treatment with Norco since at least 2-3-2015. Treatment to date has included medication management, MRI studies, medial branch block, and recent radiofrequency lumbar ablation. Work status is described as modified duty. The original utilization review (8-27-2015) had non-certified a request for Norco #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there is no documented measurable improvement in pain or function in response to Norco to substantiate the need for continued use of Norco. A VAS score is provided but not with comparison of before or after Norco or with or without Norco. No change in function in response to Norco is provided in the record.