

Case Number:	CM15-0175245		
Date Assigned:	09/16/2015	Date of Injury:	04/07/2003
Decision Date:	10/16/2015	UR Denial Date:	08/04/2015
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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 64 year old female with an industrial injury dated 04-07-2003. Review of medical records indicates she is being treated for chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, disc displacement with radiculitis - lumbar, lumbosacral spondylosis without myelopathy, unspecified myalgia and myositis, nonorganic sleep disorder, unspecified and diabetes mellitus type I. History included myocardial infarction times 2 and coronary artery disease. She presents on 07-16-2015 with complaints of bilateral lower back pain and pain that radiates all throughout both hips and down both legs. The provider documents: "This patient has had no new injuries since their last visit here." Her pain is documented as "worst pain score 9 out of 10", "least pain score 5 out of 10" and "usual pain score 7 out of 10." "She continues with the use of Methadone and Norco as her narcotic pain medications." "The functionality is the same", the pain is the same, the sleep is same and the medication usage is the same. Physical exam is documented as straight leg raising was positive bilaterally for lower back pain and radicular pain, approximately 45 degrees. Facet tenderness was documented as tender bilaterally - lumbar, facet loading test - positive bilaterally - lumbar and sciatic notch tenderness present bilaterally. Spine extension was documented as very limited and painful bilaterally. Lower back was unable to flex forward. Gait was documented as "slightly antalgic, with lumbar flexion, using a walker, shuffling." Her current medications are listed as Lisinopril, Tizanidine, Methadone, Norco (since 05-06-2014 note) and Senna Docusate Sodium. Past medications included Vicodin, Vioxx, Celebrex, Bextra, Neurontin, Valium, Elavil, Soma, Tylenol with

Codeine, Tramadol, Flexeril, Fentanyl patches, Lunesta, Advil PM, Toradol injections, Cymbalta, Percocet (rash and itching, non-steroidal anti-inflammatory drugs, Tramadol ER and Nucynta. Narcotic agreement compliance is documented as signed 06-18-2007. The provider documented on 03-30-2015 "she has been using more than prescribed Methadone, rather than 2 a day; she has been using 3 a day on some days-she states she had some left over." The provider documents narcotic medication pill counts are done at every visit and urine toxicology screening and CURES reports are done at regular intervals and are done randomly as needed. The 4 A's of treating pain were documented as reviewed with the injured worker. Prior treatments documented in the 07-16-2015 note included chiropractic, physical therapy, trigger point injections, acupuncture, medication management, transforaminal epidural steroid injection and diagnostic medial branch blocks. The treatment request is for Norco 10-325 mg # 120. On 08-04-2015 the request for Norco 10-325 mg # 120 to be filled on 08-20-2015 was deemed not medically necessary by utilization review.

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, criteria for use.

Decision rationale: The patient is a 64 year old female with an injury on 04/07/2003. She has chronic low back pain, myalgia, myositis and diabetes. On 07/16/2015, she had low back pain that radiated to both lower extremities. She continues on both Methadone and Norco (both are opiates). She had been taking Norco since 05/06/2014. MTUS, chronic pain guidelines (pages 78- 79) for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. Also, she continues on another opiate - Methadone. Therefore, the requested treatment is not medically necessary.