

Case Number:	CM15-0175267		
Date Assigned:	09/16/2015	Date of Injury:	07/15/2007
Decision Date:	10/22/2015	UR Denial Date:	08/07/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 53-year-old male, with a reported date of injury of 07-15-2007. The diagnoses include lumbar disc disorder, cervical disc disorder, myofascial pain disorder, neck pain, low back pain, cervical and lumbar spondylosis, opioid dependence, and chronic pain syndrome. Treatments and evaluation to date have included Norco (since at least 07-2008), Gabapentin, MS Contin, Avinza, physical therapy, and interdisciplinary functional restoration. The diagnostic studies to date have included urine drug screening on 05-15-2012, 10-09-2012, and 09-24-2013; and an x-ray of the cervical spine on 06-27-2013 with unremarkable findings. The follow-up visit dated 07-30-2015 indicates that the injured worker was on chronic opioid management for back pain and neck pain. He used Norco 10-325mg one every four hours up to five times a day for chronic intractable pain. It was noted that on that regimen, he was doing very well. The injured worker rated his pain 4 out of 10 (06-04-2015 to 07-30-2015). The negative effects of the medications have not been noticed. The objective findings include limited lumbar range of motion; stiffness of the back muscles; normal range of motion in the upper extremities and lower extremities bilaterally; normal strength throughout the upper and lower extremities; and no evidence of an antalgic gait. It was noted that there was no evidence of aberrant behavior. The treatment plan included a prescription for Norco, one tablet every four hours up to five times a day for chronic intractable pain. There was no documentation of an opiate pain contract. The injured worker's work status was not indicated. The request for authorization was dated 07-31-2015. The treating physician requested Norco 10-325mg #150. On 08-07-2015, Utilization Review (UR) modified the request for Norco 10-325mg #150 to Norco 10-325mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #150: 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, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment or duration of pain relief. Additionally, medical documents indicate that the patient has been on Norco since 2008, in excess of the recommended 2-week limit. The previous UR modified the request to allow for weaning which is appropriate. As such, the request for Norco 325/10mg is not medically necessary.