

Case Number:	CM15-0176785		
Date Assigned:	09/17/2015	Date of Injury:	11/12/2009
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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:

The injured worker is a 62 year old male who sustained an industrial injury on 11-12-2209. A review of medical records indicates the injured worker is being treated for bilateral lumbar radiculopathy, L4-5 disc degeneration, L4-S1 stenosis, possible pars fracture L5, chronic intractable pain, and status post exploration of wound and repair of dura leak. Medical records dated 8-28-2015 noted lower back pain and numbness that radiates down the buttocks and down the bilateral lower extremities which he rated pain a 9-10 out 10 without medications. On 6-22-2015 pain was rated an 8 out 10 with medications and a 10 out 10 without medications. Physical examination noted in palpation there was palpable tenderness centrally in the lower lumbar spine and across the upper buttocks, bilaterally. Straight leg raise was positive at 60 degrees bilaterally. Treatment has included medications (Norco since at least 4-6-2015). Utilization review modified Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: 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 # 90 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 either lateral lumbar radiculopathy; L4 - L5 disc degeneration; L4 - S1 stenosis; possible Pars Fracture L5; chronic intractable pain; and status post exploration of and repair of dura leak May 8, 2013. Date of injury is November 12, 2009. Request for authorization is August 21, 2015. According to a progress note dated March 5, 2015, the treating provider prescribed Norco 10/325mg. According to a July 31, 2015 progress notes, subjective complaints include back pain that radiates to the lower extremities. Pain score is 7/10. Medications include Norco 10/325mg and Motrin. Objectively, the injured worker ambulates with cane. There is no tenderness palpation documented, but there is positive straight leg raising. Utilization review dated May 11, 2015 modified Norco 10/325mg to #75 tablets. A utilization review dated June 2, 2015 modified Norco 10/325mg to #45 tablets. The documentation does not demonstrate objective functional improvement. There are no detailed pain assessments or risk assessments. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, #2 utilization reviews with recommendations for weaning and no detailed pain assessments or risk assessments, Norco 10/325mg # 90 is not medically necessary.