

Case Number:	CM15-0176795		
Date Assigned:	09/18/2015	Date of Injury:	06/22/2009
Decision Date:	10/20/2015	UR Denial Date:	08/10/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male, who sustained an industrial injury on 6-22-2009. The injured worker is being treated for low back pain, grade II spondylolisthesis defect at L5-S1 with pars defect, cervical sprain-strain with severe spondylosis, neuropathic burning in the legs, left knee sprain-strain, history of left shoulder girdle sprain-strain with tendinopathy, and rotator cuff tendinitis in the bilateral shoulders. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 6-03-2015, the injured worker reported severe back pain radiating down the legs, right knee pain, neck and upper extremity pain. He rates his pain as 8 out of 10 currently, 4 out of 10 with medications and 10 out of 10 without them. He reported 50% reduction in pain and 50% improvement in activities of daily living (ADLs) with the medications prescribed. Objective findings included muscle spasm in the lumbar trunk. He can flex 20 degrees and extend 5 degrees. There is an absent Achilles reflex +1 on the right. There is sensory loss in the left lateral calf and bottom of his foot to light touch and pinprick. Per the medical records dated 5-06-2015, he rates his pain as 9 out of 10 currently, 4 out of 10 with medications and 10 out of 10 without them. He reported 50% reduction in pain and 50% improvement in activities of daily living (ADLs) with the medications prescribed. He has been prescribed Norco since at least 5-13-2015. These are the only medical records submitted for review. The plan of care included continuation of medications and authorization was requested for Norco 10-325mg and magnetic resonance imaging (MRI) of the lumbar spine. On 8-10-2015, Utilization Review non-certified the request for Norco 10-325mg #120 citing lack of medical necessity.

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, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: Review indicates pain VAS has not changed despite continued use of Norco for this 2009 chronic injury. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic 2009 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.