

Case Number:	CM15-0027637		
Date Assigned:	02/20/2015	Date of Injury:	03/09/2011
Decision Date:	04/03/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/13/2015

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 58 year old male, who sustained an industrial injury on 03/09/2011. He has reported subsequent back pain and was diagnosed with displacement of the thoracic/lumbar intervertebral disc and neuritis. Treatment to date has included oral pain medication, physical therapy and medial branch block. In a progress note dated 01/13/2015, the injured worker complained of low back pain. Objective physical examination findings were notable for tenderness to palpation over the right L3-L5 facet region and increased pain with range of motion of the lumbar spine. A request for authorization of a Norco refill was made. On 01/30/2015, Utilization Review non-certified a request for Norco, noting that there was no documentation of improvement of pain or function with the use of this medication. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill. 2010, Physician's Desk reference, 68th Ed www.RxList. com, ODG Workers Compensation Drug Formulary, www.odg-

twc.com/odgtwc/formulary.htm. drugs.com, Epocrates Online, www.online, epocrates.com, Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient is status post lumbar laminectomy from over one and one half years ago and continues to report low back pain with left leg numbness. The current request is for NORCO 10/325MG #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient has been prescribed Norco since at least 8/5/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.