MAXIMUS Federal Services

Case Number:	CM15-0028945		
Date Assigned:	02/24/2015	Date of Injury:	10/21/1998
Decision Date:	04/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/16/2015

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: Connecticut, California, Virginia
Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on 10/21/1998. He has reported subsequent low back pain and was diagnosed with lumbar degenerative disc disease, lumbar radiculopathy and chronic pain syndrome. Treatment to date has included oral pain medication, epidural steroid injections, physical therapy and a TENS unit. In a progress note dated 12/19/2014, the injured worker complained of low back and right lower extremity pain. Objective physical examination findings were notable for decreased sensation over the right leg in the L5-S1 dermatome, pain to palpation of sciatic notches, tenderness of sacroiliac joints, tenderness of the paraspinal muscles with muscle spasms and positive straight leg raise on the right. The injured worker reported that medications were helping to reduce pain. A request for authorization of Norco refill was made. On 01/30/2015, Utilization Review non-certified a request for Norco, noting that there was no indication of medication compliance. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norco 10/325mg 1 Tab PO Q 6-8hours PRN #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific drug list , On-Going Management, Weaning of Medications Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury (10/21/1998), consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has concerns warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Per the provided records, the patient had over 50 percent pain relief with lumbar epidural steroid injection. The patient has chronically been on multiple habit-forming medications (Norco, MS Contin) and there is no evidence of a plan for urine toxicology screening, contracting/compliance plans, or plans for weaning. A note dated February 19, 2015 states that the patient takes Norco for breakthrough pain, but does not address the frequency at which he requires breakthrough treatment. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up plans working to decrease opioid dependency is recommended. Consideration of other pain treatment modalities and adjuvants is also recommended. While a weaning protocol is likely in order, there needs to be specific evidence of a plan in place to successfully wean the patient, and without such a plan, the quantity of Norco currently requested is not considered in the opinion of this reviewer to be medically necessary and appropriate.