

Case Number:	CM15-0029204		
Date Assigned:	02/23/2015	Date of Injury:	01/10/2002
Decision Date:	04/01/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/17/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 72 year old male, who sustained an industrial injury on 1/10/2002. The mechanism of injury was not noted. The diagnoses have included degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of back pain, rated 9/10. He rated pain at best 4/10 with medication, and 10/10 without. He also reported severe muscle spasms and shooting pain down his right leg. Back exam noted muscle spasm in the lumbar trunk, flexion 20 degrees, and extension 5 degrees, with right antalgic posture. He reported sensory loss to light touch at the right lateral calf and bottom of foot. There was 4/5 weakness in the right thigh flexion, knee extension, and great toe extension. Right Achilles reflex was absent. Right shoulder showed limited range of motion in all planes, with crepitus on circumduction, and positive impingement sign. Impression noted post-operative magnetic resonance imaging findings (unspecified date) as showing lateral recess stenosis at L3-L4, above his fusion site, impinging the right exiting L4 nerve root. Current medication included Norco 10/325mg (1 tablet every 4-6 hours as needed-limit 5 per day), Flexaril, Duragesic patch, Senokot, and Colace. Medication regime included Norco 10/325mg (1 tablet every 4-6 hours as needed-5 per day limit), per the PR2 report dated 1/23/2012. On 2/06/2015, Utilization Review modified a request for Norco 10/325mg #150, to Norco 10/325mg #101, for the purpose of continued weaning, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51; 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for 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, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. Additionally, previous reviews have recommended weaning. As such, the question for Norco 10/325mg #150 is not medically necessary.