

Case Number:	CM15-0063984		
Date Assigned:	04/09/2015	Date of Injury:	03/05/2014
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/03/2015

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 29 year old male, who sustained an industrial injury on 03/05/2014 reporting lower back and bilateral knee pain. On provider visit dated 02/10/2015 the injured worker complained of lower back pain and bilateral knee pain. On examination of the lumbar spine revealed limited range of motion, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, positive lumbar facet loading maneuver bilaterally and bilateral knee revealed full range of motion with pain. The diagnoses have included lumbago. Treatment to date has included physical therapy, MRI, bilateral steroid injections, acupuncture, chiropractic therapy, and medication and laboratory studies. The provider requested Multidisciplinary evaluation for evaluation of a functional restoration program and Norco 10/325 mg #30 for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Multidisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restorative Guidelines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Functional Restoration Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one multidisciplinary evaluation is not medically necessary. A functional restoration program (FRP) is recommended when there is access to programs with proven successful outcomes (decreased pain and medication use, improve function and return to work, decreased utilization of the healthcare system. The criteria for general use of multidisciplinary pain management programs include, but are not limited to, the injured worker has a chronic pain syndrome; there is evidence of continued use of prescription pain medications; previous methods of treating chronic pain have been unsuccessful; and adequate thorough multidisciplinary evaluation has been made; once an evaluation is completed a treatment plan should be presented with specifics for treatment of identified problems and outcomes that will be followed; there should be documentation the patient has motivation to change is willing to change the medication regimen; this should be some documentation the patient is aware that successful treatment may change compensation and/or other secondary gains; if a program is planned for a patient that has been continuously disabled from work more than 24 months, the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period; total treatment should not exceed four weeks (24 days or 160 hours) or the equivalent in part based sessions. There are negative predictors of success which include high levels of psychosocial distress, involvement in financial disputes, prevalence of opiate use and pretreatment levels of pain. In this case, the injured workers working diagnosis is lumbago. The injured worker's date of injury was March 5, 2014. The injured worker has been using Norco 10/325 mg and Tizanidine. The injured worker received chiropractic treatment, acupuncture, epidural steroid injections all of which provided no relief. The injured worker is 29 years old. Subjectively, according to the March 12, 2015 progress note, the injured worker complains of more pain in the low back and both knees right greater than left. The VAS pain scale is reportedly 8/10. The worker avoids going to work, socializing with friends, physically exercising, performing household chores, participating in recreation, driving, doing yard work, shopping, having sexual relations and Kerry himself because of pain. Objectively, the injured worker is not in acute distress and ambulates with a normal gait pattern. There is decreased range of motion to flexion of the lumbar spine and rotation is limited. There is tenderness over the bilateral paraspinal muscle groups. There is no spinal process tenderness. There is positive lumbar facet loading bilaterally. There is negative straight leg raising. Examination of the knees has full motion with pain. Motor strength and sensory examination are normal. MRI evaluation performed April 2014 shows early degenerative disc disease at L4 - L5 and L5 - S1. There are no significant findings noted. There is no documentation in the medical record the injured worker has a motivation to change and is willing to change the medication regimen. There is no documentation in the medical record the patient is aware that successful treatment may change compensation and/or other secondary gains. The injured worker has minimal objective findings on physical examination. There are negative predictors of success in the medical record. The injured worker has had minimal to no response to physical therapy, chiropractic treatment, acupuncture, epidural steroid injections and ongoing Norco with persistently elevated VAS pain scores. Additionally, the injured worker continues to require opiates with sustained pretreatment levels of pain. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, one multidisciplinary evaluation is not medically necessary.

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 30 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 by the 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 diagnosis is lumbago. The injured worker received physical therapy, chiropractic treatment, acupuncture, and epidural steroid injections all of which provided no relief. Documentation medical record shows the injured worker was using Norco as far back as August 2014. There has been no change in the subjective pain scale. The VAS pain scale was 7/10 on September 2014 and 7/10 on February 10, 2015. There is no documentation evidencing objective functional improvement with ongoing Norco. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Norco's ongoing efficacy, Norco 10/325 mg # 30 is not medically necessary.