

Case Number:	CM15-0069000		
Date Assigned:	04/16/2015	Date of Injury:	06/04/2012
Decision Date:	05/15/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained an industrial injury to the back and left knee on 6/4/12. Previous treatment included magnetic resonance imaging, lumbar laminectomy, physical therapy and medications. In a progress note dated 2/26/15, the injured worker complained of low back pain rated 7/10 on the visual analog scale associated with left lower extremity weakness, numbness and tingling. The injured worker also complained of sleep disturbances and depression. The injured worker reported that he had undergone a surgical consultation for the low back with recommendation for lumbar spine disc replacement. Current diagnoses included lumbago, lower leg joint pain, lumbar spine degenerative disc disease and lumbar post laminectomy syndrome. The treatment plan included continuing medications (Norco, Neurontin, Omeprazole and Diclofenac) and discontinuing Cyclobenzaprine due to ineffectiveness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficiently specific reporting to show clear benefit from Norco use, independent from his other medications. There was no separate reporting found in the notes which showed pain level reduction and functional gains related to Norco use to help justify its continuation on a chronic basis. The worker reported not doing exercises or any other strategy to help improve function along with taking his medications. Therefore, the request for Norco will be considered medically unnecessary at this time.