

Case Number:	CM15-0078823		
Date Assigned:	04/30/2015	Date of Injury:	02/17/2001
Decision Date:	06/03/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/24/2015

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, Massachusetts
 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 59 year old male, who sustained an industrial injury on February 17, 2001. The injured worker has been treated for neck and low back complaints. The diagnoses have included chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, spinal stenosis of lumbar region, thoracic or lumbosacral neuritis or radiculitis unspecified and other psychological status. Treatment to date has included medications, radiological studies, psychiatric assessments, spinal cord stimulator and multiple low back surgeries. Current documentation dated March 18, 2015 notes that the injured worker reported significant pain in the low back and left lower extremity. The injured workers neck pain was noted to be improved from the prior visit. The pain was noted to be a four-five out of ten on the visual analogue scale with medications. The medications allowed the injured worker to participate in his therapeutic exercises and activities of daily living. Physical examination of the lumbar spine revealed tenderness, a slightly flexed forward posture, decreased range of motion and weakness in the bilateral lower extremities. Cervical spine and shoulder range of motion was noted to be improved. The treating physician's plan of care included a request for the medication Norco 10/325mg # 150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of long-acting opioids such as the prescribed medication. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There peer reviewer has stated that "opioid monitoring is not adequately documented... evidence of no impairment, abuse diversion, and hoarding." From my review of the records opioid monitoring is appropriate based on this specific injured workers risk profile. There has been no escalation, UDS have been appropriate; there are no reported side effects, and no reported concerns of abuse. The clinic note specifically states: "denies negative side effects... no aberrant drug behaviors and he uses the medication as prescribed... the lowest possible dose is being prescribed." Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently, continued use of short acting opioids is supported by the medical records and guidelines and is medically necessary.