

Case Number:	CM15-0079890		
Date Assigned:	04/30/2015	Date of Injury:	01/21/1992
Decision Date:	06/02/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina, Georgia
 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:

The injured worker was a 65 year old male, who sustained an industrial injury, January 21, 1992. The injured worker previously received the following treatments lumbar spine CT scan, pain management specialist, SCS implant (spinal cord stimulator), lumbar epidural steroid injection, home exercise program, radiofrequency ablation, Norco and Flexeril. The injured worker was diagnosed with lumbar radiculitis improved, permanent nerve damage, lumbar facet syndrome, junctional at L3-L4, lumbar post laminectomy syndrome, pain generator, status post lumbar epidural steroid injection with good relief of radicular symptoms and status post SCS implant (spinal cord stimulator). According to progress note of March 12, 2015, the injured worker recently received an epidural steroid injection with 90% relief of low back pain and 75% relief from leg pain. The pain was now returning in the right posterolateral buttocks and low back pain which increased with sitting. The injured workers functional ability had improved with increased activity level and endurance. The Flexeril and Norco provided 40-60% relief and allowed the injured worker to participate in activities of daily living; without side effects. The physical exam noted straight leg raises were negative. There was decreased sensation in the right anterolateral thigh. The injured worker had difficulty with heel-toe walking. There was positive reproduction of pain with extension. There was positive compression test at L3-L4. The treatment plan included a prescription renewal for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or adequate documentation of any functional improvement. It does not address the efficacy of concomitant medication therapy. There is no documentation of trials of alternate regimens of opioid medication, such as a long acting opioid. The claimant uses a short acting medication (Norco), which is intended primarily for short term use or for breakthrough pain, on a constant basis. This regimen might be expected to be inadequate to control pain and in fact, the record indicates there is still considerable pain despite treatment with high doses of Norco. As such, the record does not support medical necessity of ongoing opioid therapy with Norco.