

Case Number:	CM15-0097957		
Date Assigned:	06/03/2015	Date of Injury:	05/26/1993
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 84 year old male sustained an industrial injury to the low back on 5/26/93. Recent treatment included medications. In a PR-2 dated 4/1/15, the injured worker complained of pain to both calves. The injured worker reported that Norco relieved his pain. The injured worker was awaiting approval for lumbar epidural steroid injections. Physical exam was remarkable for decreased patella and Achilles reflexes bilaterally with bilateral lower extremity weakness and positive lumbar spine facet distraction test bilaterally. The injured worker required a cane to ambulate. In a PR-2 dated 4/29/15, the injured worker complained of ongoing bilateral lower extremity radicular pain. The pain was noted to be tolerable with Norco. The injured worker still used a walker to ambulate. Current diagnoses included lumbar spine stenosis, bilateral lower extremity radiculitis and lumbar spine degenerative disc disease. The injured worker had been prescribed Norco since at least 10/2014. The treatment plan included a refill of Norco and awaiting lumbar spine epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, short acting, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 75mg #90 is not medically necessary and appropriate.