

Case Number:	CM13-0022444		
Date Assigned:	01/03/2014	Date of Injury:	07/21/1995
Decision Date:	12/30/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male with an injury date of 07/21/95. Based on the 08/20/13 progress report provided by treating physician, the patient complains of low back pain rated 7/10. Physical examination to the lumbar spine revealed surgical scars and tenderness to palpation to the paravertebral muscles. Range of motion was decreased, especially on extension 10 degrees. Patient states medications are working well and help. With medications, pain is more tolerable and patient can continue activities of daily living (ADL's) and perform self-care. Patient failed SCS trial. Last caudal injection provided pain relief for 2.5 weeks. Patient's prescriptions include Omeprazole, Norco, Hytrin, Cyclobenzaprine, Duragesic, Lunesta and Lyrica. Patient is permanent and stationary. Norco was prescribed in progress reports dated 02/19/13 and 8/20/13. Diagnosis 08/20/13 were:- spinal/lumbar degenerative disc disease- post lumbar laminectomy syndrome- piriformis syndrome- lumbar radiculopathy The utilization review determination being challenged is dated 08/22/13. Treatment reports were provided from 02/19/13 - 08/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco (BRP) 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with low back pain rated 7/10. The request is for NORCO (BRP) 10/325MG #120. Patient's diagnosis dated 08/20/13 included spinal/lumbar degenerative disc disease, post lumbar laminectomy syndrome, piriformis syndrome and lumbar radiculopathy. Patient failed SCS trial. Last caudal injection provided pain relief for 2.5 weeks. Patient's prescriptions include Omeprazole, Norco, Hytrin, Cyclobenzaprine, Duragesic, Lunesta and Lyrica. Patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco was prescribed in progress reports dated 02/19/13 and 08/20/13. In this case, treater provides a general statement that medications are working well and help. With medications, pain is more tolerable and patient can continue activities of daily living (ADL's) and perform self-care. However, there are no pain scales in reports and treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding aberrant drug behavior such as urine drug screens (UDS's), CURES. Given the lack of documentation as required by MTUS, the request for Norco (BRP) 10/325MG #120 is not medically necessary and appropriate.