

Case Number:	CM13-0027009		
Date Assigned:	03/03/2014	Date of Injury:	11/01/2001
Decision Date:	04/23/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/20/2013

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 & 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 56 year old male with date of injur of 11/01/2001. The listed diagnoses per [REDACTED] dated 08/15/2013 are: 1. Status post L5-S1 global fusion with residual radicular symptoms down the legs. 2. Bilateral shoulder pains secondary to impingement syndrome with a torn labrum on the right AC joint arthrosis on the left 3. Facet arthropathy, lumbosacral spine 4. Pedicle screws at L5-S1 with IBF cages at L5-S1 with a 3mm disc bulge versus protrusion/herniation at L4-5 and L5-S1 5. Sacroiliac pathology 6. Facet capsular tears bilaterally at L3,L4 and L5 According to progress report dated 08/15/2013 by [REDACTED], the patient complains of back and low back pain. He rates his pain 7/10. He describes his pain as aching, burning, dull, stabbing, throbbing, pulling and spasming. He is also experiencing back stiffness and weakness in the right and left leg. Physical examination shows deep tendon reflexes are blunted; however, in the bilateral patellar reflexes \hat{A} ¼. L5 and L4 dermatomes demonstrate decreased light touch sensation on the left. Straight leg raise is positive on the left side at 20 degrees with pain radiating to the left buttocks, thigh, medial leg, lateral leg, posterior calf, heal and foot. Straight leg raise is positive on their right side at 50 degrees with radiating pain to the right buttocks and thigh. Treater is requesting a refill for Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG (1 BY MOUTH Q 4 HOURS) WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (HYDROCODONE).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN.

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic back pain. The treater is requesting a refill for Norco. Utilization review dated 09/12/2013 modified the request to one refill for the purpose of gradually weaning the patient off Norco. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 As (analgesia, ADLs, adverse side effects, adverse behaviors) is also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. The patient currently takes gabapentin, Norco, nortiptyline and Zanaflex. Review of records from 01/29/2013 to 11/17/2013 show that the patient has been using Norco since 2012. Progress report dated 08/15/2013 documents medication efficacy and the treater states, "I am requesting that he continue the medications as listed as they have benefited in increasing his functional capacity and decreasing the levels of pain and suffering and are indicated based upon MTUS/ODG." The treater did perform a urine drug screen recently and the results were consistent, showing Norco being prescribed. However, none of the 435 pages of reports shows the use of numeric scale to denote function and pain such as before and after scales. The treater does not go into specifics regarding ADL's. There is lack of documentation regarding the outcome measures such as current pain level, average pain, etc. as listed above. The treater's generic statement that the patient's function is improved and decreased pain is inadequate per MTUS guidelines requirements for chronic opiate use. Recommendation is for denial.