

Case Number:	CM13-0027530		
Date Assigned:	11/22/2013	Date of Injury:	10/30/2001
Decision Date:	10/01/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 and is licensed to practice in Georgia. 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 48 year old female who was injured on 08/30/2001 when she tripped over a box on the floor, broke her fall and twisted her low back. Prior medication history included Avinza, Lidoderm, Norco, Soma, Xanax, and Zoloft. Orthopaedic re-evaluation documents surgical history of low level spinal fusion L4-L5 and L5-S1 on November 12, 2002. Revision surgery performed August 4, 2005 for refusion from L4 to S1, decompression of L3-L4, with insertion of dynamic stabilization device at L3-L4. She underwent PT after both surgeries. Most recent provided progress report (PR) dated 08/09/2013 indicated the patient presented with complaints of lumbar postlaminectomy syndrome. She reported the medications provided her relief and preserve her functional capacity. On exam, anterior flexion of lumbar spine was noted to be full at 90 degrees. She had restricted range of motion. A prescription for a refill of Norco 10/325 mg, which is a medication she had been on previously. Note indicated her medical condition was stable on present medication regimen. The note also documented that [REDACTED] clinic is a multidisciplinary clinic which utilizes a combination of medication management, biofeedback, PT, chiropractic, acupuncture, psychological intervention, and interventional techniques. Prior utilization review dated 09/10/2013 stated the request for Norco 10/325mg #240 was denied as there was no documented evidence to support the request. Per consult note dated 04/01/2014, the patient underwent removal of instrumentation on 04/01/2014 from prior lumbar surgery. Listed diagnoses include opiate dependence, benzodiazepine dependence, severe anxiety, obesity, depression, insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The Medical Utilization Treatment Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, notes that for ongoing management of pain with opiate medications should include "documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also notes that discontinuation of opioids should be considered "If there is no overall improvement in function, unless there are extenuating circumstances." The MTUS also recommends opioids should be continued if "the patient has improved functioning and pain." The MTUS "Overall treatment suggestions" note that a trial of opioids as a non-first-line agent for chronic pain is appropriate. Titration to an effective dose, with discontinuation if not effective, is recommended. During the maintenance phase, careful attention for worsening of pain and appropriate evaluation of possible causes is recommended. Recommendations are made to reassess efficacy of prescribed opiate medications every six months, though the MTUS also notes that if the current dose of opioids is effective, there should be no "attempt to lower the dose if it is working." MTUS also notes that if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioid in 3-months, consideration should be made for referral to a multidisciplinary pain clinic. Medical documentation notes that [REDACTED] is a pain physician operating out of a multidisciplinary clinic. Additionally, documents demonstrate the patient has been maintained on a stable regimen of pain medications. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.