

Case Number:	CM13-0053961		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2006
Decision Date:	06/06/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This patient is a 50-year-old male with a date of injury of 08/18/2006. The listed diagnoses per [REDACTED] are: 1. Lumbar radiculopathy. 2. Lumbar/lumbosacral disk degenerative disease. 3. Cervical strain. 4. Cervical pain. 5. Mood disorder. 6. Post concussion syndrome. 7. Eye disorder, not otherwise specified. 8. Lumbar facet syndrome. 9. Headaches/facial pain. According to report dated 10/16/2013 by [REDACTED], the patient presents with neck and low back pain. The low back pain is rated 7/10 and the neck pain is rated 3/10. The patient's current medication includes Fioricet 50/325 mg, Lunesta 2 mg, Viagra 100 mg, Wellbutrin XL 150 mg, docusate sodium 250 mg, Norco 10/325 mg, Prilosec 20 mg, and Remeron 30 mg. The treater discussed the rules and regulations surrounding prescription of opioids and compliance at length. The patient states that he is taking his medications as prescribed. He still has pain symptoms on a continuous basis but is alleviated somewhat by current medication. The treater requests that the patient continue Norco 4 per day as needed for moderate to severe pain. The utilization review denied the request on 11/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids Page(s): 60-61,80-81,88-89.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting a refill of Norco 10/325 mg #120. Review of the medical records indicates that the patient has been taking Norco since 10/24/202. A report dated 10/16/2013, states that the patient reports good relief with Norco at four (4) per day. It decreases the pain score from 10/10 to a more manageable 7/10 or less. The Chronic Pain Guidelines require a "Pain Assessment" that 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." The guidelines also indicate that "The 4 A's for ongoing monitoring" are required, and include analgesia, activities of daily living (ADL's), adverse side effects, and aberrant drug-seeking behavior. Although the treater provides a before and after numerical scale to assess the pain, there is no "pain assessment", and no mention of functional improvement in terms of ADL's or work status as required by the guidelines. Given the lack of sufficient documentation, the patient should slowly be weaned off Tramadol as outlined by the guidelines. Recommendation is for denial.