

Case Number:	CM13-0056013		
Date Assigned:	12/30/2013	Date of Injury:	07/17/2009
Decision Date:	05/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

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 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 49 year old male with date of injury 7/17/09. The treating physician report dated 10/1/13 indicates that the patient presents with chronic pain affecting the lumbar spine status post L4/5 fusion on 1/4/10. The current diagnoses are: Lumbar post-laminectomy syndrome status post L4/5 interbody fusion 1/4/10; Right lower extremity radiculopathy; Reactive depression/anxiety; History of left chip avulsion fracture, left ankle; Neurogenic bladder/erectile dysfunction; Obesity; Left knee infection; Right femur status post ORIF, 1/4/13. The utilization review report dated 11/5/13 modified the request for Norco 10/325 #340 to a one month supply for weaning the patient based on lack of improvement and continuation usage of Dilaudid 8mg #300.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #340 ONE MONTH SUPPLY FOR WEANING: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88, 89. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, LONG-TERM ASSESSMENT, 88, 89

Decision rationale: The patient presents with chronic lower back pain. It is noted that with the usage of Norco she has less pain and improved ability to function. Pain level without medication is 7/10, with medication is 6/10. The MTUS Chronic Pain Guidelines indicate that Norco is indicated for moderate to moderately severe pain. In reviewing the treating physician reports dated 5/30/13, 8/21/13 and 10/22/13 there is limited documentation regarding the efficacy from chronic use of Norco. MTUS Chronic Pain Guidelines pages 88, 89 state "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Chronic Pain Guidelines also require documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS Chronic Pain Guidelines further discuss under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, only pain scale of 7/10 to 6/10 and a generic statement is provided. These are inadequate documentations to show medication efficacy. The request is not medically necessary and appropriate.