

Case Number:	CM13-0066847		
Date Assigned:	01/03/2014	Date of Injury:	11/23/2007
Decision Date:	05/27/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 67 year old, male, employee of [REDACTED] with a date of injury November 23, 2007. Treatment to date includes: Percocet (Acetaminophen and Oxycodone), Gabapentin, Nabumetone, caudal epidural steroid injection, L4-S1 Laminectomy, and Rhizotomy Utilization review from November 15, 2013 revealed partial certification was given for the requests: Norco 10/325MG not more than 4 times daily #60 with no refill and Norco 10/325 mg not more than 4 times daily #120 with one refill. The mentioned request lacked information regarding reduction in opioid dependence with reduction in dosing; urine drug screen results; indications of a recent pain agreement, review of efficacy and side effects; plans for weaning of opioid therapy over time; and significant functional gain from opioid therapy. However, the patient was noted to be on long term opioid therapy, abrupt discontinuation might lead to significant withdrawal, thus, a partial certification with Norco 10/325 mg PO BID #60 was given to assist in weaning. Progress notes reviewed from 2012-2013 revealed that the patient has been complaining of chronic mid to low back pain occasionally radiating to both lower extremities. The patient was reported to be on Norco 10/325MG one tablet PO once to twice daily as early as October 15, 2012 with no reports of side effects. Patient was reported to have been in the emergency room last January 19, 2013 for acute sciatica because he ran out of pain medications; he was given Percocet and Gabapentin until the refills arrived. No reports of side effects were reported on Percocet and Gabapentin, however his back pain persisted. Latest progress notes dated August 22, 2013 reported persistent back pain now associated with a burning sensation in his left leg up to the level of the knee. Pain interfered with daily activities and sleep. Physical examination revealed: paravertebral muscle spasm and tenderness; tenderness all over the L1-L2 and L2-L3 facet area above the incision on both sides; intact sensation on both lower extremities; and DTRs are +1 at the level of both patellae. Recent data

concerning: functional gains; level of pain relief; efficacy; and side effect from opioid therapy are lacking. The current status of the patient is unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors need to be documented when patients are taking opioid medications. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the earliest progress note reporting the patient's use of Norco is October 15, 2012. The progress notes indicate that there was use of Norco but the duration of total use to date was not indicated. Documentation lacked information of recent reports concerning: continued analgesia, continued functional benefit, or a lack of adverse effects. The latest progress note is dated August 22, 2013 and the current status of the patient is unknown. MTUS Guidelines require clear and concise documentation for ongoing management. The request for Norco 10/325mg, #120 with one refill is not medically necessary and appropriate.