

Case Number:	CM13-0068268		
Date Assigned:	01/08/2014	Date of Injury:	09/22/2011
Decision Date:	05/27/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/19/2013

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 Medicine and is licensed to practice in Texas and Florida. 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 51-year-old who was injured on 9/22/2011. He is being treated for low back pain that is radiating to the lower extremities. There is associated numbness and tingling sensations. The patient completed two (2) epidural injections, trigger points injections, and bilateral selective nerve root blocks, with significant pain relief and increase in range of motion. The MRI of the lumbar spine was significant with degenerative changes of L4-L5, spondylolisthesis and stenosis. The patient is utilizing Norco 10/325mg three (3) times a day #90 a month for pain and Zanaflex 4mg for muscle spasm. There is no documentation of concurrent use of nonsteroidal anti-inflammatory drugs (NSAIDs) or co-analgesics. There is no documentation of chronic opioid monitoring measures such as urine drug screen (UDS), Pain Contract, Pills Count or [REDACTED] database report available for this review. A Utilization Review decision was rendered on 11/26/2013 recommending modified certification of Norco 10/325mg #90 five (5) Refills to #30 for weaning and implementation of essential chronic opioid treatment documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG, #90 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
DETOXIFICATION AND OPIOIDS Page(s): 42-43 AND 74-96.

Decision rationale: The Chronic Pain Guidelines recommend that the use of opioids be limited to the treatment of severe pain during acute injury or periods of exacerbation of chronic pain that is non responsive to standard treatment with non-steroidal anti-inflammatory drugs (NSAIDs), physical therapy and exercise. The documentation during chronic opioid treatment should include compliance monitoring measures such as Pain Contract, urine drug screen (UDS) monitoring, absence of aberrant drug behaviors and improvement in activities of daily living (ADL) and functional restoration. The available medical records did not include the required documentation. The patient has subjective symptoms of neuropathic component of the lumbar radiculopathy, but the current treatment does not include the guideline recommended first line medications, such as anticonvulsants and antidepressant. There is no documentation of the use of NSAIDs or co-analgesics. The criteria for chronic opioids treatment was not met.