

Case Number:	CM13-0070994		
Date Assigned:	01/08/2014	Date of Injury:	12/10/2004
Decision Date:	04/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/26/2013

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 Illinois. 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 53-year-old male. Date of injury is 12/10/2004. Mechanism of injury not provided in the medical records. Physician's progress note dated 09/18/2013, the patient here for ongoing low back pain with radiating symptoms down the left and right leg. The left is currently worse than the right today. He has complained that his pain has flared up lately. He does not exercise. Patient reports he sits in front of the TV all day. The patient stated that he does not leave the house much. He lives alone. Current pain medications bring the pain level from 8/10 and 9/10 to a level of 6/10 to 7/10. Current medications listed Norco 10/325 by mouth 6 tablets a day; Prozac 20 mg take 2 tablets by mouth daily, Lyrica 100 mg take 4 tablets daily. Wellbutrin, Metformin, Quinapril, and aspirin are through his private physician; Testim 1% gel twice a day. Volaten XR 100 mg once a day. Objective findings: No significant change. Diagnoses: Chronic low back pain, left L5 radicular pain with positive EMG study. MRI of the lumbar spine from 2005 showed spondylolisthesis with facet arthropathies at L5-S1. Morbid obesity. No documentation was provided for surgical history, no conservative care. Documentation from 2013 is for acupuncture last session 04/11/2013. Patient complained of lower back pain. The patient states the acupuncture seems to help his lower back. To the present, the patient has completed 8 acupuncture treatments since 03/18/2013. According to the Oswestry General Index, he has shown functional improvement by a score of 2% and 4%. He initially reported a score of 25% and 50% on 03/18/2013, when he returned after taking a 4-month break from the acupuncture. The patient reports acupuncture helps his back for a short time, such as a couple of hours, up to a half a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR NORCO 10/325 MG #360 (DISPENSED AT 11/13/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 87, 86, 74, and 78.

Decision rationale: The California MTUS states opiate analgesics are a class of drugs that have a primary indication to relieve symptoms related to pain. These medications are generally classified in accordance to potency and duration of dosage. For ongoing management, the prescription should come from a single practitioner and taken as directed, and all prescriptions from a single pharmacy. Ongoing review and 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 the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief, and how long the pain relief lasts. There should be documentation for monitoring the 4 A's for ongoing monitoring. The 4 domains have been proposed as most relevant for the ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no adherent) drug-related behaviors. The decision for Norco 10/325 #360 with monitored for a 30-day dose is equivalent to 120 mg of morphine daily, which is within the guidelines. The documentation provided did not cover the 4 A's for monitoring for opioid dosing. No drug testing was provided. No clear dosage amount was provided. The request was just for Norco 10/325 #360. Due to the request for the Norco 10/325 #360 with no subjective and objective documentation/conservative care documented. The request does not meet the guidelines set forth. Therefore, the request for Norco 10/325 mg #360(Dispensed at 11/13/2013) is not medically necessary and appropriate.