

Case Number:	CM13-0071251		
Date Assigned:	01/08/2014	Date of Injury:	06/04/2008
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
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 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 an employee of [REDACTED] who has filed a claim for chronic musculoligamentous sprain of the lumbosacral spine associated with an industrial injury date of 06/04/2008. Treatment to date has included epidural injections in April 2012, and medications such as Norco 7.5/325 mg/tab, Xanax 1 mg/tab, Naproxen 50mg/ tab and Protonix 20 mg/tab which were prescribed since September 14, 2012. Medical records from 2013 were reviewed which showed continuous low back pain, graded 8/10 in severity, which becomes worse with his activities of daily living. He also notes that the pain seems to be more intense with cold weather. He indicates that the pain medicine continues to help. Pain is primarily located to the lumbosacral area and radiates to his left buttock and to his left leg. Physical examination showed DTRs are +2 bilaterally. He is unable to do heel walk on the left. Lumbar range of motion is 90 degrees in flexion, extension at 10 degrees. Right rotation is 40 degrees. Left rotation is limited to 25 degrees. There is positive Kemp's maneuver on the left. MRI of the lumbar spine done on June 22, 2012 showed evidence of grade 1 anterolisthesis L4-4 with pars defect, disc herniation, spinal stenosis and neural foramina encroachment L4-5. Utilization review from 12/16/13 denied the request of Norco 10/325mg tab because chronic use of Norco is not supported by evidence based guidelines. Furthermore, the medical records did not establish that long term use of opiates has resulted in diminished pain levels or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #120, ONE (1) TABLET, FOUR (4) TIMES A DAY AS NEEDED,:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). It appears to be efficacious but limited for short-term pain relief of chronic back pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In this case, the patient has been taking Norco as far back as September 2012. An appeal letter, dated 01/02/2014, cited that Norco should be continued in light of the patient's physical findings. However, page 80 of the MTUS guidelines further states some of the cardinal criteria for continuation of opioid therapy include evidence of improved function, reduced pain, and /or successful return to work. Medical records submitted for review did not specifically show that there was significant pain improvement with the use of this medication, i.e., documented pain reduction in terms opain scale. There is likewise no documentation of objective functional improvement with Norco. Therefore, the request for Norco 10/325mg #120 is not medically necessary and appropriate.