

Case Number:	CM14-0001233		
Date Assigned:	01/22/2014	Date of Injury:	06/19/2005
Decision Date:	06/06/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 and 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:

This 44-year-old carpenter sustained an injury on 6/19/05 while employed by [REDACTED]. Requests under consideration include Neurontin 300mg #60 and Norco 10/325mg #90. Diagnoses include post-laminectomy syndrome, s/p decompression at L3-S1, fusion at L4-S1, depression, cervical radiculitis and opioid dependency. Conservative care has included off work, medications, physical therapy, and epidural steroid injections without benefit. Currently, the patient is taking MED of 150 to include Oxycontin and Norco. Report of November 25, 20913 from the provider noted persistent complaints of neck pain radiating to upper extremities and low back pain radiating to bilateral lower extremities rated at 9/10 with and 10/10 without medications. Exam showed slow gait, utilizing walker, with tenderness at L4-S1 spinal vertebrals, decreased sensory at S1 dermatome on left; and motor strength decreased on left L5-S1. On December 17, 2013, the request for Norco was modified for #90 without refill to allow for weaning and the Neurontin non-certified citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, NINETY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, On-Going Management Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The Chronic Pain Medical Treatment Guidelines provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The request for Norco 10/325 mg, ninety count, is not medically necessary or appropriate.