

Case Number:	CM14-0007683		
Date Assigned:	02/07/2014	Date of Injury:	09/10/2010
Decision Date:	07/21/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 59-years-old male who has submitted a claim for lumbosacral neuritis, lumbosacral spondylosis, lumbago associated with an industrial injury date of 9/10/10. Medical records from 2012-2013 were reviewed which revealed persistent pain in the low back. Pain was rated 6-8/10. He has difficulty with grooming and bending forward. He cannot walk and sit for a long a time. His sexual desire decrease and only sleep for 2 hours due to low back pain. Physical examination of the lumbosacral spine showed forward flexion at 10 degrees, extension at 3 degrees and lateral bending at 10 degrees. Hip range of motion was within normal limits. Manual muscle testing was 5/5. MRI of the lumbar spine done on 12/8/10 revealed disc bulging and slight facet arthropathy at L3-4, L4-5 and L5-S1. Central canal is mildly narrowed at L4-5. Mild neural foraminal narrowing was noted in bilateral L3-4 through L5-S1. Treatment to date has included, lumbar medial branch nerve block, facet blocks, L2, 3, 4 cinefluoroscopy and physical therapy sessions. Medications taken were Nucynta and Norco. Utilization review from 12/20/13 denied the request for Norco 10/325mg because there was lack of documentation of functional improvement and significant reduction in pain with the use of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. 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 report stating the patient's usage of Norco was dated 07/18/2012. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #120 is not medically necessary.