

Case Number:	CM14-0007836		
Date Assigned:	02/07/2014	Date of Injury:	03/23/2000
Decision Date:	12/11/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/17/2014

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 60 year-old male [REDACTED] sustained an injury on 3/23/2000 from slip and fall into a pipe hole while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg (#120). Conservative care has included medications, physical therapy, pool therapy, lumbar epidural steroid injection, and modified activities/rest. Report of 2/12/13 noted diagnoses of resolved C/S complaints; lumbosacral strain/ arthrosis with recurrent l4-5 disc herniation and s/p bilateral total hip arthroplasty (THA). Patient had chronic ongoing low back pain radiating to right lower extremity. Exam showed thrombotic thrombocytopenic purpura (TTP) at midline L3-S1 paraspinals; diffuse 4/5 motor strength at quads, iliopsoas; hip pain radiates to groin; ambulating with antalgic gait. Treatment included Norco. Hand-written report of 12/6/13 from the provider noted the patient continues to treat for diagnoses of lumbosacral strain/arthrosis with recurrent L4-5 disc herniation; s/p bilateral THA. The patient had recent lumbar epidural steroid injection at L5-S1 on 8/5/13 with 50% pain relief to low back and 75% relief to legs; medications reported as decreasing pain by 20% to increase functional ability. Exam was not documented. Medications list Norco and Ambien. Report of 4/10/13 noted additional medications to include Medrox cream and transdermal compound medications. No updated reports provided. The request(s) for Norco 10/325mg (#120) was modified for #60 weaning on 1/8/14 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 10/325mg (#120): Upheld

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

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

Decision rationale: This 60 year-old male [REDACTED] sustained an injury on 3/23/2000 from slip and fall into a pipe hole while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg (#120). Conservative care has included medications, physical therapy, pool therapy, lumbar epidural steroid injection, and modified activities/rest. Report of 2/12/13 noted diagnoses of resolved C/S complaints; lumbosacral strain/ arthrosis with recurrent L4-5 disc herniation and s/p bilateral THA. Patient had chronic ongoing low back pain radiating to right lower extremity. Exam showed TTP at midline L3-S1 paraspinals; diffuse 4/5 motor strength at quads, iliopsoas; hip pain radiates to groin; ambulating with antalgic gait. Treatment included Norco. Hand-written report of 12/6/13 from the provider noted the patient continues to treat for diagnoses of lumbosacral strain/arthrosis with recurrent L4-5 disc herniation; s/p bilateral THA. The patient had recent lumbar epidural steroid injection at L5-S1 on 8/5/13 with 50% pain relief to low back and 75% relief to legs; medications reported as decreasing pain by 20% to increase functional ability. Exam was not documented. Medications list Norco and Ambien. Report of 4/10/13 noted additional medications to include Medrox cream and transdermal compound medications. No updated reports provided. The request(s) for Norco 10/325mg (#120) was modified for #60 weaning on 1/8/14. Per the MTUS Guidelines cited, 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 MTUS 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 for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg (#120) is not medically necessary and appropriate.