

Case Number:	CM14-0011448		
Date Assigned:	02/21/2014	Date of Injury:	07/19/2006
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational Medicine 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 a 60-year-old male who has submitted a claim for chronic lumbar derangement associated with an industrial injury date of July 19, 2006. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic low back pain with intermittent spasms and right lower extremity pain. Physical examination revealed weakness and pain in the subacromial fossa and tenderness. Examination of the back is unchanged with chronic muscle guarding. Tenderness in multiple areas was noted. There were multiple trigger points of discomfort and pain. Flexion was limited to 25 degrees. Extension was limited to 5 degrees. Straight leg raise test was positive on the right. Reflexes on the right side were essentially absent compared to the left. Sensory abnormalities, particularly down the right side, along the dermatomal distribution at L5 and S1 were noted. Gait was antalgic and a positive Trendelenburg's test on the right was noted. Treatment to date has included physical therapy, L4-5 laminectomy (January 2006) and L4-S1 fusion, and medications, which include Amitriptyline 25mg, Gabapentin 600mg, Vicodin 5/550, Elavil 50mg, Ibuprofen 600mg, Flexeril 5mg and Norco 10/325mg. A utilization review from January 22, 2014 modified the request for Norco 10/325mg #180 to Norco 10/325mg #72 because guidelines do not support the continued use of opioids in the absence of subjective and functional improvement or return to work. Additionally, the provider has indicated that the patient suffers from neuropathy and the guidelines do not recommend opiates as a first-line therapy for chronic neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Opioids, On- going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco since 3/14/13. Medical records clearly mentioned continued analgesia and functional benefit. Records also included toxicology screening, and monitoring of adverse effects and aberrant behavior from Norco use. It also stated that Norco has enabled the patient to sleep, to ambulate, and to tolerate activities of daily living. The medical necessity has been established. Therefore, the request for Norco 10/325mg, #180 is medically necessary.