

Case Number:	CM14-0011966		
Date Assigned:	02/21/2014	Date of Injury:	04/14/2003
Decision Date:	07/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	01/29/2014

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 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 is a 72-year-old female with a 4/14/2003 date of injury. A specific mechanism of injury was not described. On 1/28/14 determination was not medically necessary given no indication why both medications were requested and the effectiveness of pain relief. On 1/22/14 initial pain management consultation identified low back pain, s/p 2 lumbar surgeries, last one performed in 2008. The patient radiated to both legs. Exam revealed limited range of motion, Decreased sensation to light touch bilaterally, in the lateral thigh; and on the right to at the lateral calf. 12/23/13 orthopedic report revealed lower back to pain and knee pain. Exam revealed decreased range of motion the creek and decreased sensation at L4, L5, and S1 nerve roots. A prescription written for Tylenol No. 3 and Norco. It appears that the patient has been on this medications since at least 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: website www.americanpainsociety.org.

Decision rationale: There is continued low back pain, status post two lumbar surgeries. However, given the 2003 date of injury, the duration of opiate use to date is not clear, and it appears that the patient has been on this medication at least since 2012 and there was no discussion regarding endpoints of treatment. Although opiates may be appropriate given the patient's continued chronic pain, additional information would be necessary, as California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Without medication compliance guidelines a favorable response cannot be given. In addition, there was not rationale identifying the medical necessity for prescribing Norco and Tylenol No. 3 concurrently. The medical records did not clearly document current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and claimant, with evidence of ongoing efficacy including measurable subjective and/or functional benefit with prior use. Considering all these factors, and in an effort to avoid withdrawal symptoms in a patient under chronic opioid therapy, the medical necessity was substantiated for this medication to allow submission of medication compliance guidelines and/or to initiate downward titration and complete discontinuation of medication on subsequent reviews secondary to medication guideline non-compliance. Therefore, the request is medically necessary.

Tylenol #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: website www.americanpain society.org.

Decision rationale: There is continued low back pain, status post two lumbar surgeries. However, given the 2003 date of injury, the duration of opiate use to date is not clear, and it appears that the patient has been on this medication at least since 2012 and there was no discussion regarding endpoints of treatment. Although opiates may be appropriate given the patient's continued chronic pain, additional information would be necessary, as California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Without medication compliance guidelines a favorable response cannot be given. In addition, there was not rationale identifying the medical necessity for prescribing Norco and Tylenol No. 3 concurrently. The medical records did not clearly document current urine drug test, risk assessment profile, attempts at weaning/tapering, and an updated and signed pain contract between the provider and claimant, with evidence of ongoing efficacy including measurable subjective and/or functional benefit with prior use. In addition, the concurrent request for Norco was deemed medically necessary. There was no indication to support this request. Therefore, the request is not medically necessary.