MAXIMUS Federal Services

Case Number:	CM14-0017562		
Date Assigned:	04/18/2014	Date of Injury:	01/02/1998
Decision Date:	06/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/12/2014

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 has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of January 2, 1998. The treatment to date has included oral analgesics, spine surgery and epidural steroid injections. The utilization review dated January 31, 2014 denied the request for Norco 10/325mg #180 because current opioid intake exceeds the recommended daily dosage of 120MED. The medical records from 2014 were reviewed and showed low back pain with radiculopathy to the left leg. Physical examination showed rightsided heel strike antalgic gait and a stooped gait, assisted by a cane. There was limitation of motion of the lumbar spine in all planes accompanied by hypertonicity, spasm, tenderness, tight muscle band and trigger point over the paravertebral muscles bilaterally. The patient takes Oxycontin 30mg/tab QID and Norco 10/325mg Q4-6hrs PRN (as needed) for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION REVIEW FOR NORCO 10-325MG #180 FOR THE LUMBAR SPINE:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Drug Formulary, and Other Medical Treatment Guideline or Medical Evidence: Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, Physician's Desk Reference, 68th ed., www.RxList.com, Epocrates Online, www.online.epocrates.com,

Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator-AMDD Agency medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80, 86-87.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. The MTUS states that opioids appear to be efficacious for chronic back pain but limited for short-term pain relief, and long term efficacy is unclear. Furthermore, the MTUS guidelines state that dosing should not exceed 120 mg oral morphine equivalents per day. In this case, the patient has chronic back pain relieved by Norco and Oxycontin. Norco has been used by the patient prior to the March 2014 progress note. Objective functional improvements from use of Norco were provided on a report dated March 4, 2014. However, the patient is currently receiving 240 MED of opioids daily far exceeding the recommended daily dose of 120MED. The daily dose of opioid intake is too high, therefore the request for Norco 10/325mg #180 for the lumbar spine is not recommended.