

Case Number:	CM14-0019088		
Date Assigned:	04/23/2014	Date of Injury:	01/10/2007
Decision Date:	07/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/14/2014

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 & 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:

The patient is a 40 year old male who was injured on 01/10/2007 due to acute and cumulative trauma while at work. Prior treatment history has included IM injection of Dilaudid 2 mg with 25 mg of Phenergan injected in the right gluteal region. Diagnostic studies reviewed include EMG of the left lower extremity on 09/13/2013 show a normal study. He did complete an updated MRI scan that was performed on 10/20/2013 which reveals an L5-S1 grade I spondylolisthesis defect with bilateral pars defect. There is significant bony hypertrophy noted at this level with disk desiccation. There is a disk herniation at the L4-L5 level with facet arthropathy. PR2 dated 12/31/2013 indicates the patient presents with severe back pain. He states he is getting, stabbing pain in his back that shoots down his left hip, down the back of his buttock, and down his thigh. He reports constant burning, numb sensation in the leg. The patient states he cannot work. He rates his pain at a 9/10. He is very uncomfortable appearing. He does report at least 50% functional improvement with the pain medication, Percocet and Norco. On examination of the lower extremities, there is no pedal edema. There are 1+ distal pulses equally. The lower back exam reveals forward-flexed antalgic posture. He cannot stand up straight. Palpation reveals rigidity in the lumbar trunk suggesting muscle spasm with loss of lordotic curvature. He reports altered sensory loss at the left lateral calf and bottom of his foot. He ambulates with a limp with the left lower extremity. Deep tendon reflexes are 1+ at the knees and ankles. The toes are downgoing to plantar reflex bilaterally. Impression is low back pain, left leg symptoms, antalgic posture, and muscle spasm. The treatment and plan includes Norco 10/325 mg. He should be allowed pain medication as he has not shown any sign of abusing the medication. He may benefit from an epidural injection. The patient is instructed to lift no more than 10 lbs, repetitive bending or stooping at the waist, prolonged standing more than 30 minutes at a time.

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): 79-80.

Decision rationale: The guidelines state certain actions for the on-going opioid management for chronic pain: "(c) Office: Ongoing review and documentation of pain relief, functional status, nappropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking 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".The available medical records do not document detailed description of the functional improvement, as the patient is still in severe pain and unable to work. Therefore, the request for Norco 10/325mg #120 is not medically necessary.