

Case Number:	CM14-0111643		
Date Assigned:	08/01/2014	Date of Injury:	10/18/2006
Decision Date:	09/18/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/17/2014

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 &, 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 42 year-old patient sustained an injury on 10/18/06 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #180 times 0. Orthopedic QME report of 4/13/11 had diagnoses of constant low back pain with DDD and facet arthrosis at L3-S1 with mild canal stenosis and neural foraminal narrowing per MRI; depression and suicidal ideation. Previous peer review had modified request for Norco for weaning purposes on 3/26/14. Report of 11/12/13 from the provider had noted the patient's request to wean; however, Norco dosing was increased from 10/325 mg one tablet to 1.5 tablets Q4-6 hours. Report of 6/26/14 from NP-c noted patient presented for medication maintenance. Complaints included right knee and bilateral low back pain with radicular symptoms rated at 8-10/10 without medications and 5-7/10 with. Exam showed mild distress; uses SPC, decreased range; TTP over lumbar facets at bilateral L3-5; SLR positive (no degree); motor strength diffused decreased 4/5 in left lower leg. Diagnoses included lumbar radiculopathy/ degenerative facet disease/ disc displacement/ herniation/ lumbar back pain; and DDD. The patient will be rotated from Methadone to MS Contin. Medications list Gabapentin, Norco, and MS Contin. The request(s) for Norco 10/325mg #180 times 0 was non-certified on 7/7/14 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 #180 times 0: Upheld

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

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

Decision rationale: This 42 year-old patient sustained an injury on 10/18/06 while employed by [REDACTED]. Request(s) under consideration include Norco 10/325mg #180 times 0. Orthopedic QME report of 4/13/11 had diagnoses of constant low back pain with DDD and facet arthrosis at L3-S1 with mild canal stenosis and neural foraminal narrowing per MRI; depression and suicidal ideation. Previous peer review had modified request for Norco for weaning purposes on 3/26/14. Report of 11/12/13 from the provider had noted the patient's request to wean; however, Norco dosing was increased from 10/325 mg one tablet to 1.5 tablets Q4-6 hours. Report of 6/26/14 from NP-c noted patient presented for medication maintenance. Complaints included right knee and bilateral low back pain with radicular symptoms rated at 8-10/10 without medications and 5-7/10 with. Exam showed mild distress; uses SPC, decreased range; TTP over lumbar facets at bilateral L3-5; SLR positive (no degree); motor strength diffused decreased 4/5 in left lower leg. Diagnoses included lumbar radiculopathy/ degenerative facet disease/ disc displacement/ herniation/ lumbar back pain; and DDD. The patient will be rotated from Methadone to MS Contin. Medications list Gabapentin, Norco, and MS Contin. The request(s) for Norco 10/325mg #180 times 0 was non-certified on 7/7/14. 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. The Norco 10/325mg #180 times 0 is not medically necessary and appropriate.