

Case Number:	CM14-0112030		
Date Assigned:	08/01/2014	Date of Injury:	07/18/2012
Decision Date:	11/17/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/18/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 62 year-old male with the date of injury of 07/18/2012. The patient presents with pain in his lower back, radiating down his lower extremities with tingling or numbing sensations. The patient rates his pain as 6/10 on the pain, with medication and 9/10 without medication. The patient presents tenderness over L3-S1 levels and limited range of lumbar motion. The patient is not working. The patient is currently taking Gabapentin, Naprosyn, Norco, Prilosec and Losartan. According to [REDACTED] report on 02/12/2014 diagnostic impressions are: 1) Lumbar radiculopathy 2) Lumbar spinal stenosis 3) Chronic pain, other 4) L5-S1 moderate to severe narrowing secondary to spondylolisthesis. The utilization review determination being challenged is dated on 06/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/10/2013 to 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents chronic and mild to severe pain in his lower back. The request is for Norco 10/325 mg #60. For chronic opiate use, MTUS guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six months, and page 78 requires documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Norco or how Norco has been helpful in terms of decreased pain or functional improvement. In addition, the patient's urine drug test shows an inconsistency of no opiate seen in his urine. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore this request is not medically necessary.