

Case Number:	CM14-0120756		
Date Assigned:	08/08/2014	Date of Injury:	04/22/2013
Decision Date:	10/02/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	07/31/2014

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 32-year-old female who has submitted a claim for Thoracic or lumbosacral neuritis or radiculitis associated with an industrial injury date of April 22, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of right leg pain. Examination revealed normal muscle strength testing in all extremities, normal DTRs except for 1+ bilateral Achilles, and normal gait. Treatment to date has included surgery, physical therapy and Norco 1-2 per day with compliant drug screens. Utilization review from July 26, 2014 denied the request for Norco 7.5/375mg #42 for the lumbar spine because each progress note from 2014 indicated that the patient's pain was worse at every visit indicating lack of benefit from the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/375mg #42 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. 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. 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. In this case, the patient had been taking Norco for pain since at least April 23, 2014. Each progress note from 2014 reported that the patient was worse at every visit. The functional improvement is not evident from the provided records. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. It is unknown if the patient had side effects from the medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 7.5/375mg #42 for the lumbar spine is not medically necessary.