

Case Number:	CM14-0126754		
Date Assigned:	08/13/2014	Date of Injury:	11/21/2012
Decision Date:	10/01/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 31-year-old man who sustained a work related injury on November 21, 2012. Subsequently, he developed chronic back pain. According to the progress report dated July 15, 2014, the patient reports no change in the severity of low back pain. The low back pain is made worse by bending, cold, kneeling, lifting, pulling, pushing, and stooping and better by having adjustments, heat, massaging by hand, resting, and by taking his pain medications. The patient estimated his low back pain at 6/10. Physical examination revealed lumbar tenderness with restricted lumbar movement. Evaluation of the muscles showed an increased degree of muscle rigidity and tension in the mid thoracic muscles on the left, lower thoracic muscles bilaterally, and lumbar paraspinal muscles bilaterally and a slight amount of increased muscle tension in the lumbar paraspinal muscles bilaterally and gluteal muscles bilaterally. Examination of the spinal tissues for pain revealed a mild degree of pain at L4 to L5 and the ilium bilaterally. Kemp's test was positive on the right. Lasegues test was positive on the right. Range of motion testing showed flexion at 45 degrees and true lumbar extension at 20 degrees. Examination of the patient's dermatomes demonstrated anomalous sensation at L4, L5, and S1. The anomalous sensation presented as paresthesia grade 2 on the right. The patient was diagnosed with chronic low back pain and right lumbosacral radiculitis. Prior treatment included physical therapy, wearing a supportive lower back brace, and medications. The provider requested authorization for Norco, spinal evaluation and pain management evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. Therefore, the Prescription Norco 10/325 mg is not medically necessary.

Spinal Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Guidelines Assessing Red Flags and Indication for Immediate Referral, page(s) 171.>

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity spinal evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is documentation supporting the medical necessity for this evaluation as mentioned above. There is no documentation of the goals and end point for using a spine specialist. Therefore, the request for Spinal Evaluation is not medically necessary.

Pain Management evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Guidelines Assessing Red Flags and Indication for Immediate Referral, page(s) 171.>

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach :(a) the patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003).