

Case Number:	CM14-0127484		
Date Assigned:	08/15/2014	Date of Injury:	11/25/2004
Decision Date:	09/11/2014	UR Denial Date:	08/04/2014
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 Family Practice and is licensed to practice in Ohio. 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 injured worker is a 48-year-old male who stated injury was 11/25 of 2004. He slipped onto his back while carrying a saw a developed low back pain and right arm pain. He was discovered to have a lumbar discopathy. In July 2008 he underwent decompression and fusion at L4-L5, and L5-S1. His fusion was revised in February 2006. In 2010 he had right-sided rotator cuff repair. He has been maintained on Norco, gabapentin, and a lidocaine patch essentially since 2010. Anti-inflammatories have been relatively contraindicated because of the concomitant use of Lisinopril. Apparently, the injured worker has also had substantial gastrointestinal issues previously with nonsteroidal anti-inflammatory medicines. The record documents that with medications the injured worker has pain of a 3/10 range and without medications it is more like 6-7/10. When he does not take his medication he becomes stiffer and has more pain and as a result he walks less and sleeps less. A recent physical exam revealed paraspinal tenderness of the lumbar musculature, positive straight leg raise testing, evidence of an L5 radiculopathy via skin sensation, and antalgic gait. The record documents periodic urine drug testing and makes no mention of any aberrant drug-related behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90 with 4 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) ,Chronic Pain Section, Opioids, Criteria for Use Topic.

Decision rationale: Per the ODG guidelines, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity 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. 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 drug-related behaviors. It has been suggested in the guidelines that opioids are to be discontinued if there is no overall improvement function without extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, serious nonadherence, or patient request. It is felt that opioids are to be continued if the patient has improved functioning pain. In this instance, is clear that there is no aberrant drug-related behavior. Additionally it is clear that without the pain medication there is a decline in functioning and an increase in pain, with restoration towards baseline when the medication is reinstated. It is also clear that numerous non-opioid medications have been utilized and that others are contraindicated. Although the documentation could more literally reflect the ODG guidelines it is clear that the appropriate monitoring is occurring and that the injured worker remains appropriate for opioid analgesia. Therefore, Norco 10/325 mg, #90, and four refills is medically necessary.