

Case Number:	CM14-0153594		
Date Assigned:	09/23/2014	Date of Injury:	08/11/2003
Decision Date:	12/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Medicine, 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:

Injured worker was a 79-year old male whom experienced an industrial related injury on 08/11/03. There was no mechanism of injury noted. The treating physician noted a lumbar MRI study was done 03/31/09 which revealed multilevel disc bulging/spondylosis/spinal stenosis and hypertrophic facet disease. There was a clinic note dated 08/27/14 which noted his scope of treatment had consisted of narcotic pain medication, physical therapy, acupuncture, chiropractic treatment, epidural steroid injections, and that he was a surgical candidate but he elected not to proceed with this intervention. Upon examination at the clinic visit 08/27/14, significant findings noted there was tenderness to palpation at the L4-L5 facet region as well as tenderness to palpation of the lumbar paraspinals. There was pain with lumbar extension as well as decreased range of motion with forward flexion of 40 degrees, hyperextension 10 degrees, antalgic gait, spasm in the bilateral lumbar area. He was given a prescription for Norco 10-325 mg one tablet three times daily as needed for pain, Kadian 20 mg XR 24 hour (morphine sulfate) capsules one every 12 hours, and medial branch block at L3-L4 dorsal ramus and L5 bilaterally to the lumbar spine with sedation. Diagnosis was 724.4 Thoracic or lumbosacral neuritis or radiculitis, unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg, 1 tab three times daily as needed for pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), radiculopathy Norco

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant 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, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the requested medication is not medically necessary.