

Case Number:	CM14-0167272		
Date Assigned:	10/14/2014	Date of Injury:	01/01/2003
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/10/2014

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 American Board of Internal 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:

The injured worker (IW) is a - woman with a date of injury of January 1, 2003. She sustained a cumulative trauma of the right shoulder, lumbar spine and right knee. According the primary Treating Physician's Progress Report (PR-2) dated September 16, 2014, the IW reported continued back pain, continued low back pain and sciatica pain. The pain was rated 10/10. The IW was also having bilateral groin pain. The pain was rated 8/10 and would decrease to 4-5/10. She reports that the sciatica pain down the left leg was not well managed by the medications and remained fairly intense. On examination, the IW was functionally moving. The gait appeared to be improved due to the healing left leg ulcer. She has limited range of motion on the lumbar spine. She reported pain throughout the range of motion. The IW has a Controlled Substance Utilization Review and Evaluation System (CURES) on December 11, 2013, however, there was no report submitted with this request. The treating physician's treatment plan was to continue the current dose of Norco and Gabapentin and to request for authorization of MRI of the lumbar spine. The IW was diagnosed with cervicalgia, chronic pain syndrome, lumbago, pain in the shoulder joint region, and pain in the pelvic and thigh region. The IW underwent urine toxicology screening on June 18, 2014; however, the objective interpretation of the result was not documented in the clinical record submitted. The IW was using ice on the lower back due to increased pain. She was also using a single point cane and walked with an antalgic gait. The IW completed conservative treatment (unspecified) and was still having severe leg pain radiating from the left low back to the foreleg. The conservative management was helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74-96.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, Norco 10/325 one tablet by mouth every 4 to 6 hours #150 is not medically necessary. The Chronic Pain Medical Treatment Guidelines provide the specifics regarding ongoing management and criteria for the use of opiates. The lowest possible dose should be prescribed to improve pain and function. There needs to be an ongoing review and documentation of pain relief; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; and how long it takes for pain relief. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The four domains for ongoing monitoring have been proposed as the most relevant when monitoring patients with chronic pain and opiates. These include pain relief, side effects, activities of daily living and aberrant drug taking behaviors. In this case, the documentation documents an unspecified injury dating back to 2003. In September 2014 the medical documentation shows chronic back pain and sciatica pain that is not well managed by the opiate medications. Additionally, there is no pain assessment detailed in the medical record with regards to current pain, average pain, and pain level after taking Norco, how long pain relief is sustained and how long it takes for pain relief after taking a dose of Norco. Based on clinical information in the record and the peer-reviewed, evidence-based guidelines, Norco 10/325 PO every 4 to 6 hours #150 is not medically necessary.