

Case Number:	CM14-0167719		
Date Assigned:	10/15/2014	Date of Injury:	01/04/2013
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
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 Physical Medicine and 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 52 year old female who was injured on 01/04/2013. Prior treatment history has included Flexeril, Norco, Clonazepam, Gabapentin and L4-L5 steroid injection which provided 100% relief for 3 hours. Interventional pain management note dated 07/15/2014 states the patient to have complaints of cervical and lumbar spine pain, which rated to be 9/10. She rated her pain as burning, constant and stabbing traveling to her bilateral shoulders and into the hands with associated numbness and tingling sensations. She also complained of lumbar spine pain that is constant and sharp in nature with radiation to her bilateral legs and into the bottom of her feet. On exam, she is able to perform heel-to-toe with low back pain. The cervical spine revealed decreased range of motion of the cervical spine with flexion at 25 bilaterally; extension at 55 degrees; lateral flexion to 25 degrees on the right and lateral rotation to 60 degrees on the right. The lumbar spine revealed positive Kemp's test and straight leg raise is positive at 70 degrees bilaterally. Lumbar spine range of motion revealed decreased range of motion with flexion at 65 degrees bilaterally. The patient is diagnosed with cervical disc disease, cervical radiculopathy; cervical facet syndrome; left shoulder impingement syndrome; lumbar disc disease; lumbar radiculopathy; and lumbar facet syndrome. The patient is recommended to continue Norco 10/325 mg. There is no toxicology report provided for review neither is there any indication of when the patient started this medication and how it has improved her functional ability. Prior utilization review dated 10/10/2014 states the request for 1 prescription request for Norco 10/325mg qty: 150 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription request for Norco 10/325mg qty: 150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as tricyclic antidepressant (TCA) like nortriptyline, serotonin and norepinephrine reuptake inhibitors (SNRI) anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of this request has not been established.