

Case Number:	CM14-0169244		
Date Assigned:	10/17/2014	Date of Injury:	02/20/2001
Decision Date:	11/19/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational 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:

This case is a 37 year old male with a date of injury on 2/20/2001. A review of the medical records indicate that the patient has been undergoing treatment for thoracic/lumbar radiculitis and neuritis. Subjective complaints (10/8/2014) include 5/10 pain with medications and 7/10 without medications to low back with radiculopathy to right leg. Pain is relieved by medications, rest, and stretching. Patient also notes constipation as a side effect of the medications. Objective findings (10/8/2014) include decreased range of motion to lumbar spine, normal gait, normal neurological test. Treatment has included Norco (for at least one month), Terocin patch, Cyclobenzaprine, Chiropractic sessions (unknown number), and acupuncture (unknown number). A utilization review dated 10/14/2014 partially certified a request for Norco 10/325mg #90 down to Norco 10/325mg #21 for purposes of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Work Loss Data Institute, LLC; Cor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of 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." The treating physician does not fully document the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long it takes for pain relief, increased level of function, or improved quality of life. The original review partially certified for #21 to allow for weaning, which is appropriate. As such, the question for Norco 10/325mg #90 is not medically necessary.