

Case Number:	CM14-0170034		
Date Assigned:	11/03/2014	Date of Injury:	06/18/2004
Decision Date:	12/08/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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:

This 62 year-old patient sustained an injury on 6/18/2004 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Norco 5/325mg #60. Diagnoses include Lumbosacral Neuritis NOS/ radiculopathy with lumbago s/p lumbar surgeries with hardware removal. Conservative care has included medications, therapy, injections, intolerance to spinal cord stimulator trial, and modified activities. Medications list Omeprazole, Tizanidine, Hydrocodone, Gabapentin, and Naproxen. Reports of 7/28/14 and 9/17/14 showed chronic ongoing low back pain radiating to bilateral lower extremities. Exam showed lumbar spine spasm, tenderness at paravertebral muscles, decreased flexion and extension, ambulating with single point cane with antalgic gait and diffuse decreased sensation at L4-S1 dermatomes bilaterally. Treatment included medication refills. Report of 10/7/14 from the provider noted the patient with unchanged ongoing chronic pain with associated numbness, tingling, and weakness. Currently taking Norco and Gabapentin. Brief exam noted unchanged findings of "alert and oriented; tenderness and spasm remains with decreased range of motion; Gait is antalgic and he uses a cane for ambulation." Diagnoses included history of lumbar surgeries; intractable lumbar pain; lumbar radiculopathy; and diabetes. Treatment to continued medications and PT. Review indicates a previous IMR with determination to uphold the denied Norco request. The request(s) for Norco 5/325mg #60 was modified to #15 on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This 62 year-old patient sustained an injury on 6/18/2004 while employed by [REDACTED]. Request(s) under consideration include Norco 5/325mg #60. Diagnoses include Lumbosacral Neuritis NOS/ radiculopathy with lumbago s/p lumbar surgeries with hardware removal. Conservative care has included medications, therapy, injections, intolerance to spinal cord stimulator trial, and modified activities. Medications list Omeprazole, Tizanidine, Hydrocodone, Gabapentin, and Naproxen. Reports of 7/28/14 and 9/17/14 showed chronic ongoing low back pain radiating to bilateral lower extremities. Exam showed lumbar spine spasm, tenderness at paravertebral muscles, decreased flexion and extension, ambulating with single point cane with antalgic gait and diffuse decreased sensation at L4-S1 dermatomes bilaterally. Treatment included medication refills. Report of 10/7/14 from the provider noted the patient with unchanged ongoing chronic pain with associated numbness, tingling, and weakness. Currently taking Norco and Gabapentin. Brief exam noted unchanged findings of "alert and oriented; tenderness and spasm remains with decreased range of motion; Gait is antalgic and he uses a cane for ambulation." Diagnoses included history of lumbar surgeries; intractable lumbar pain; lumbar radiculopathy; and diabetes. Treatment to continued medications and PT. Review indicates a previous IMR with determination to uphold the denied Norco request. The request(s) for Norco 5/325mg #60 was modified to #15 on 10/3/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco 5/325mg #60 is not medically necessary and appropriate.