

Case Number:	CM14-0173926		
Date Assigned:	10/27/2014	Date of Injury:	04/23/2007
Decision Date:	12/30/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 58 year old female with the injury date of 04/23/2007. The patient presents with pain in lower back, radiating down lower extremities, left side worse than right. The patient rates her pain as 8-10/10, depending on the intake of medication. The patient states that her low back pain pattern is unchanged with the left sciatica. The patient has difficulty in toe/heel walking. There is tenderness over left lower back. The range of lumbar motion is decreased. Straight leg test reveals leg elevating is up to 90 degrees in sitting position. The patient also experiences carpal tunnel syndrome bilaterally. Per 09/19/2014 progress report, the patient is taking Norco, Trazodone and Prozac. The patient has been restricted from her usual and customary job duties. Diagnoses on 09/19/2014.1. Low back pain, s/p fusion L4-5 in 2008.2. Clinically, she has left multiple lumbar radiculopathy affecting L4, L5, and S1.3. Bilateral carpal tunnel syndrome s/p surgical release. The utilization review determination being challenged is dated on 09/30/2014. Treatment reports were provided from 04/14/2013 to 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with lower back pain and carpal tunnel syndrome bilaterally. The patient is s/p lumbar fusion at L4-L5 in 2008 and bilateral carpal tunnel release (date of operations are not provided). The request is for NORCO 10/325mg #180 X 1 refill. The patient has been utilizing Norco 10/325mg since at least 03/21/2013. Urine drug screen was conducted on 09/19/2014. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. There are no before and after pain scales, and no urine drug screens as required by the MTUS. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Recommendation is for denial.