

Case Number:	CM14-0179806		
Date Assigned:	11/04/2014	Date of Injury:	08/28/1988
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old female who had a work injury dated 8/28/88. The diagnoses include lumbar degenerative disc disease, status post discectomy, laminectomy, and fusion; chronic cervicgia; chronic back pain; right lumbosacral radiculitis; pain-related insomnia; history of osteopenia, fibromyalgia, depression, and rheumatoid arthritis; situational depression/anxiety. Under consideration are requests for one prescription of Norco 5/325mg #120. There is a 4/4/14 document that states that there was an attempt to taper the patient's Fentanyl patches at the beginning of January 2013. The patient noted reduced tolerance for standing or walking and for all other upright activities. The patient noted increased impairment of her sleep due to her pain, resulting in increased daytime fatigue. The patient found that she had to go home from work one day due to her inadequate pain control. The patient has moderate-to-severe tenderness and spasm noted throughout the bilateral cervical paraspinal regions, with tenderness noted throughout the cervical spine. Range of motion testing in the cervical spine was deferred. There was some slight tenderness to palpation throughout the thoracic spine. No thoracic paraspinal tenderness was noted. The patient was noted to have tenderness throughout the lumbar spine. Seated straight-leg raise was positive on the right. Deep tendon reflexes were 2+ in the right knee and absent in the left. The patient had 1+ reflexes in her ankles. Babinski testing was negative bilaterally. Motor testing in the lower extremities was 5/5 in all major muscle groups except for right hip flexion, which was slightly reduced secondary to guarding and pain. Sensation to light touch was slightly reduced in the anterolateral right thigh. Otherwise, sensation to light touch and proprioception was grossly intact in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription Norco 5/325mg #120: 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 On-Going Management Page(s): 78-80.

Decision rationale: One Prescription of Norco 5/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. Furthermore, the guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The documentation that the patient has been taking Norco and using a Fentanyl patch with a dosage exceeding the MTUS morphine equivalent dose of 120mg. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for 1 Prescription of Norco 5/325mg #120 is not medically necessary.