

Case Number:	CM14-0181190		
Date Assigned:	11/06/2014	Date of Injury:	07/13/2003
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 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 45 years old male with an injury date on 07/13/2003. Based on the 10/16/2014 progress report provided by [REDACTED], the diagnoses are: 1. Spinal / lumbar DDD2. Low back pain According to this report, the patient complains of "back pain radiating from low back down both legs and lower backache. Pain level has remained unchanged since last visit." Physical exam reveals restricted lumbar range of motion. Tenderness and spasm are noted at the lumbar paravertebral muscles, bilaterally. Patient cannot perform heel-toe walk. Decreased sensation to light touch is noted over the medial calf, lateral calf on both sides. Exam findings on 09/08/201 and 08/11/2014 reports remained unchanged. There were no other significant findings noted on this report. The utilization review denied the request on 10/20/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/24/2014 to 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #168: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 60,61, 88, 89, 76-78.

Decision rationale: According to the 10/16/2014 report by [REDACTED] this patient presents with "back pain radiating from low back down both legs and lower backache. Pain level has remained unchanged since last visit." The treater is requesting Norco 10/325 mg #168. Norco was first mentioned in the 02/24/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 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 4As (analgesia, ADLs, adverse side effects, and aberrant 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. Per treating physician, the patient's "activity level has remained the same. The patient is taking his medications as prescribed. He states that medications are working well. No side effect reported." "Function and activities of daily living improved optimally on current doses of medications. With medications patient is able to walk 15" block, perform household tasks, including cooking, cleaning, self-care, laundry, grocery shopping for approximately minutes at a time." The patient denies any new adverse effects from medications and UDS screening has been consistent. In this case, reports show discussion regarding specific ADL's, UDS and side effects. However, there is no analgesia reported to show significant improvement. Aberrant behavior is not fully discussed including CURES, pain contract, and other behavioral issues. There is no use of validated instrument describing functional changes and "outcome measures" are not discussed as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.