MAXIMUS Federal Services

Case Number:	CM14-0185071		
Date Assigned:	11/13/2014	Date of Injury:	04/04/1987
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/06/2014

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 59 year-old patient sustained an injury on 4/4/1987 while employed by [redacted], [redacted]. Request(s) under consideration include Norco 10/325 #240. Diagnoses include dysthymia, backache, brachial neuritis, CTS, cervical spondylosis without myelopathy, back disorder, trunk disorder/ lumbar displacement of intervertebral disc without myelopathy/ spinal stenosis/ lumbosacral spondylosis without myelopathy. Report of 9/4/14 from the provider noted the patient with chronic ongoing upper and lower back complaints with pain rated at 5/10 with and 8/10 without medications. There is ongoing depression with continued psychological therapy helpful; the patient continues with pool therapy and home exercise program. Mediations were noted to help with ADLs and restorative sleep; the patient wears lumbar support for use with performing physical activities. Medications list Percocet and Norco. Exam showed limp, diffuse tenderness at L4 spinous process, right hip and paraspinal region; limited range of flex/ext of 45/10 degrees with positive seated SLR. Treatment included continued medications. The Percocet was authorized. The request(s) for Norco 10/325 #240 was modified for weaning on 10/7/14 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 10/325 # 240: 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 Opioids Page(s): 74-96.

Decision rationale: The patient has persistent chronic pain without change in clinical findings or functional status. 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 returned to work 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 two short-acting opioids with persistent severe pain. The Norco 10/325 #240 is not medically necessary and appropriate.