

Case Number:	CM14-0020759		
Date Assigned:	05/02/2014	Date of Injury:	04/25/2009
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49 year old patient had a date of injury on 4/25/2009. The mechanism of injury is he was trying to fix an egg stacker machine and felt a crack or snap in his low back. On a physical exam dated 1/30/2014, his back exam reveals a limited range of motion. Palpation reveals muscle spasm in the lumbar trunk with loss of lordotic curvature. He relates a VAS pain score regarding his back an 8/10. He states he cannot function without the pain medication and he has been taking upwards of 4 and sometimes 5 Norco per day to control his back pain. He reports at least 50% functional improvement with taking the medications versus not taking them at all. Diagnostic impression shows lower back pain with sprain/strain injury with bilateral leg pain and neuropathic component of pain. Treatment to date includes medication management, epidural, and activity modifications. A UR decision on 2/12/2014 denied the request for Norco 10/325 #140, and was reduced to a modification of 1 prescription of Norco 10/325 #53 between 1/30/2014 and 4/11/2014. They stated that the indication at this time is for the purpose of weaning, and that patient has not shown significant improvement as a result of treatment to date. The submitted documentation does not reflect any significant improvements in pain level or function with use of Norco since at least 5/12/2012, if not longer. The guidelines do not indicate long term use of opioids without documentation of functional improvement and return to work status. Most recently a request for Norco 10/325 was certified for #70 on 11/11/2013 as per review 1058973 and will continue to wean from this quantity. Urine drug screens have been appropriate to date. Treatment to date: medication management, epidural, activity modificationA UR decision on 2/12/2014 denied the request for Norco 10/325 #140, and was reduced to a modification of 1 prescription of Norco 10/325 #53 between 1/30/2014 and 4/11/2014. They stated that the indication at this time is for the purpose of weaning, and that patient has not shown significant improvement as a result of treatment to date. The submitted documentation

does not reflect any significant improvements in pain level or function with use of Norco since at least 5/12/2012, if not longer. The guidelines do not indicate long term use of opioids without documentation of functional improvement and return to work status. Most recently a request for Norco 10/325 was certified for #70 on 11/11/2013 as per review 1058973 and will continue to wean from this quantity. Urine drug screens have been appropriate to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #140: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg 78-81 Page(s): 78-81.

Decision rationale: The MTUS Chronic Pain Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a progress report dated 1/30/2014, the patient did mention at least 50% functional improvement and analgesia when taking the medications as opposed to not. In addition, on the 1/30/14 progress report, it was noted that the patient recently had a craniotomy and is receiving radiation therapy for treatment of a glioblastoma. Due to this underlying condition, it would be difficult to attempt to wean this patient off of opiates. Urine drug screens have also been appropriate and the doctor mentioned he did not suspect abuse. Therefore, the request for Norco 10/325 #140 is medically necessary.