

Case Number:	CM14-0024355		
Date Assigned:	06/11/2014	Date of Injury:	09/03/2008
Decision Date:	07/15/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	02/26/2014

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 has a subspecialty in Interventional Spine Surgery 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 59 year old female with an injury date of 09/03/08. Based on the 02/07/13 progress report provided by [REDACTED], the patient complains of constant and severe pain in her low back and right lower extremity. She has difficulty getting out of bed and performing routine activities of daily living. The patient has a positive straight leg test on the right and tenderness in the midline lumbar spine from L5 to S1. She also has tenderness and moderate spasm in the right paralumbar musculature as well as tenderness/inflammation over the right sacroiliac joint region. The patient is currently using Duragesic 25 mcg patches every three days, Norco 10/325 mg four times a day for breakthrough pain, Neurontin 900 mcg three times a day for neuropathic pain, and Cymbalta 90 mg per day for chronic pain and depression. Her diagnoses include the following: lumbar disc protrusion at L4-L5 on the right, lumbar radiculopathy per EMG/NCV, lumbar facet arthrosis and degenerative scoliosis and chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 88-89.

Decision rationale: According to the 02/07/13 report by [REDACTED], the patient presents with constant and severe pain in her low back and right lower extremity. The request is for Norco 10/325 mg #120. The first indication that the patient has been taking Norco is stated on the 08/09/13. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every six months. Documentation of the 4A (analgesia, ADLs, adverse side effects, and adverse behavior) are required. Furthermore under outcome measure, it also recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medication, etc. There are no discussions regarding any functional improvement specific to the opiate use, nor do any of the reports discuss any significant change in ADLs. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is that of non medical necessity.