

Case Number:	CM14-0026293		
Date Assigned:	06/13/2014	Date of Injury:	08/04/2008
Decision Date:	07/16/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 45-year-old patient sustained an injury on August 4, 2008 while employed by [REDACTED]. Request(s) under consideration include norco 10/325 mg #100 take 1 tablet 6-8 hours prn, wean with target of completely off the medication. Diagnoses include lumbar intervertebral disc without myelopathy and lumbar spinal stenosis. MRI of the lumbar spine dated March 25, 2010 revealed mild degenerative disc disease without evidence for herniation or canal or neural foraminal stenosis. Report of December 16, 2013 from the provider noted patient with constant and severe low back pain radiating to right buttock rated at 8/10. Exam showed tenderness of lower back with slight atrophy in right leg. The patient was continued on Norco despite previous peer review of July 2, 2013 recommending opioid taper along with Flector patch. The provider also noted agreement to switch the patient to an oral anti-inflammatory; however, was not done. Request(s) for norco 10/325 mg #100 take 1 tablet 6-8 hours prn, wean with target of completely off the medication was non-certified on February 5, 2014 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 MG, 100 COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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 change in 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 Chronic Pain Medical Treatment Guidelines 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 opioids with persistent severe pain. The request for Norco 10/325 mg, 100 count, is not medically necessary and appropriate.