

Case Number:	CM14-0035458		
Date Assigned:	06/23/2014	Date of Injury:	01/18/2012
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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 patient is a 46 year old employee with date of injury of 1/18/2012. Medical records indicate the patient is undergoing treatment for chronic low back pain. Subjective complaints include ongoing left lower extremity, left buttock and low back pain, status post RF with 50% pain relief mostly over left low back and upper back, 6/10 back pain. Objective findings include range of motion of the lumbar spine is limited in all directions and painful. There is very significant tenderness present on the left lumbar paraspinal region from L3 down to S1 segment approximately. There is quite antalgic gait present on examination. Treatment has consisted of acupuncture, Flexeril, Norco, Lidocaine 5% patch, Topamax, Zoloft, Naproxen Sodium and Omeprazole. Discussed Botox and seeing a surgeon as other options. The utilization review determination was rendered on 3/5/2014 recommending non-certification of TR154104 Medication-Narcotic Norco 10/325 mg tablet SIG: q6 prn pain Qty: 120 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

TR154104 Medication-Narcotic Norco 10/325 mg tablet SIG: q6 prn pain Qty: 120 refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines July 18, 2009- pg 80, pgs. 78-80, 81, and 82. Decision based on Non-MTUS Citation ACOEM chapter 6, pg 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 42, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS states concerning weaning of opioids "Detoxification is defined as withdrawing a person from a specific psychoactive substance, and it does not imply a diagnosis of addiction, abuse or misuse. May be necessary due to the following: (1) Intolerable side effects, (2) Lack of response, (3) Aberrant drug behaviors as related to abuse and dependence, (4) Refractory comorbid psychiatric illness, or (5) Lack of functional improvement. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Benzon, 2005) See also Rapid detox. The progress note dated 5/14/14 states "able to decrease Norco to two daily." There are frequent reports of increased pain and constant requests for acupuncture noted to be helpful without any decrease in the need for Norco. There is insufficient evidence for the continuation of opioids on a chronic daily basis recommended by MTUS. The patient has been on the same Norco dose since February 2014 and the requested dose with three refills is not consistent with weaning per MTUS guidelines. As such, the question for Norco 325/10mg q 6hr PRN quantity 120 with 3 refills is not medically necessary.