

Case Number:	CM14-0040855		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2008
Decision Date:	08/21/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/07/2014

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:

The patient is a 37-year-old male who has submitted a claim for lumbosacral neuritis not otherwise specified, associated with an industrial injury date of December 10, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of constant low back pain rated 4/10 without medications and 0/10 with medications. He underwent right L5 hemilaminotomy, right L5-S1 microdiscectomy, and right L5-S1 medial facetectomy and foraminotomy on February 3, 2014. Postoperatively, the patient walks without a limp. Physical examination of the lumbar spine reveals no tenderness or spasms with complete range of motion in all planes. Neurologic examination was normal. The diagnoses were right L5-S1 herniated disc status post microdiscectomy at L5-S1 on the right, and lumbar contusion. Current pain medications were not discussed. Urine drug screen performed on December 18, 2013 showed inconsistent findings. Treatment plan includes a request for Norco. Treatment to date has included oral and topical analgesics, epidural steroid injections, lumbar spine surgery, physical therapy, home exercises, chiropractic therapy, and acupuncture. Utilization review from March 6, 2014 denied the request for 1 prescription of Norco 10/325mg #60 due to chronic use with little to no improvement in pain levels or functioning. Prior requests for the medication have been certified with recommendations to wean. The patient has had ample time to wean off of Norco and continuation was not recommended. Also, significant pain relief was reported post microdiscectomy at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 78-80.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, on-going management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Opioids may be continued if the patient has returned to work, and functioning and pain has improved. Discontinuation of opioids by weaning is recommended if there is no overall improvement in function, unless there are extenuating circumstances; if serious non-adherence is occurring; or when the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings. In this case, patient has been on chronic Norco use dating as far back as 2008. However, there was no objective evidence of continued analgesia and functional improvement directly attributed with its use. Moreover, urine drug screen performed on December 18, 2013 showed inconsistent findings, which is suggestive of aberrant drug-taking behavior. The guideline recommends discontinuation of opioids if there is no overall improvement in function, and inconsistencies are noted in physical findings. The medical necessity was not established because guideline criteria for continued use were not met. There was no compelling rationale concerning the need for variance from the guideline. In addition, significant pain relief was noted postoperatively. There was no evidence of moderate to moderately severe pain on the most recent progress reports that would warrant continued Norco use. Therefore, the request for 1 Prescription of Norco 10/325mg #60 is not medically necessary.