

Case Number:	CM14-0044448		
Date Assigned:	07/02/2014	Date of Injury:	09/07/1998
Decision Date:	11/04/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/11/2014

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 Internal Medicine 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 an injured worker with the diagnosis of discogenic lumbar condition with a radicular component down the left lower extremity. The date of injury was September 7, 1998. The progress report dated February 6, 2014 documented subjective complaints of low back pain. The patient utilizes a back brace, hot and cold wrap, TENS unit, and H-wave device. He describes shooting pain around both legs. He has constant numbness along the left leg and spasm. Objective findings included limited range of motion and lumbar sacral tenderness. The diagnosis was discogenic lumbar condition with a radicular component down the left lower extremity. The treatment plan included Norco, Naproxen, Flexeril, Neurontin, Protonix, and TENS. The utilization review to termination date was March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ext Norco 10/325mg x 150 tablets: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2014: Opioids for subacute and chronic pain

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Opioid dosing guidelines are presented (page 86). Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Medical records document stable use of opioid medications with regular office visits. The medical records document significant pathology. Analgesia and activities of daily living have benefited with opioid medications. The patient has reported benefit from opioid medications with improvement of function and pain management. Medical records support the maintenance of the Norco 10/325 prescription. Therefore, the request for Ext Norco 10/325mg x 150 tablets is medically necessary.