

Case Number:	CM14-0053000		
Date Assigned:	07/07/2014	Date of Injury:	05/25/2001
Decision Date:	08/29/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 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:

This is a 66-year-old male with a 5/25/01 date of injury. He injured his low back while he was replacing RV flooring and when he got up he felt severe pain in the dorsolumbar area. According to a progress report dated 6/4/14, the patient stated that his pain has flared. The addition of gabapentin has been effective for his pain. He has been taking up to six Norco tablets daily. Objective findings: tightness noted in cervical spine; myofascial restrictions noted in lumbar spine; SLR: negative on the right and 70 degrees on the left; Jamar: 95 pound grip strength on the right and 62 on the left. Diagnostic impression: chronic pain syndrome, chronic discogenic pain syndrome, secondary myofascial syndrome. Treatment to date: medication management, activity modification, surgery. A UR decision dated 4/14/14 modified the request for Norco 10/325 mg from 180 tablets to 135 tablets for weaning purposes. Given the lack of significant change in function and pain with long term use of Norco ongoing use was not warranted. As the patient has had long term use, abrupt discontinuation is not appropriate and tapering is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is documented in a 4/14/14 progress note that the patient was recently started on gabapentin and now notices a 50% subjective relief and 25% functional improvement with his medication regimen. This is the only documentation of significant improvement in pain in the reports provided, and it is unclear how much of it is related to Norco or to the recent addition of Gabapentin to the patient's medication regimen. The patient is documented to have been on Norco since at least 4/8/09, if not earlier, without any indication of significant pain reduction or improved activities of daily living. Multiple progress reports dating back to 9/17/12 state that the patient's pain has flared. It does not appear that there is an end-point in sight in regards to his ongoing opioid management. In addition, UR decisions dating back to 10/29/12 have recommended weaning the patient off Norco. However, there is no documentation that the physician has addressed this issue. Furthermore, a urine drug screen from 6/4/14 was negative for opioid medications. There was no documentation provided that the provider has addressed this situation. Therefore, the request for Prospective request for 1 prescription for Norco 10/325 mg, #180 was not medically necessary.