

Case Number:	CM14-0056700		
Date Assigned:	07/09/2014	Date of Injury:	01/24/2000
Decision Date:	09/09/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 49-year-old female, who has submitted a claim for spinal stenosis of the lumbar region without neurogenic claudication; bilateral foot plantar fasciitis; bilateral wrist tendinitis, de Quervain; 1st carpometacarpal osteoarthritis associated with an industrial injury date of January 24, 2000. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic pain in the low back and knees. Physical examination of the lumbar spine showed tender paraspinals with significant muscle spasms and guarding and decreased ROM. SLR (straight leg raise) was positive on the right. Active range of motion (AROM) was 40 degrees at flexion and 12 degrees on extension. Examination of both knees showed tenderness at the medial joint line, lateral joint line and popliteal fossa. MRI of the lumbar spine dated November 4, 2013 showed broad midline and right paracentral disc extrusion at the level of L5-S1, resulting in abutment and displacement of the descending right S1 nerve roots with mild to moderate central canal narrowing; mild scoliotic curvature. Treatment to date has included Norco, voltaren, home exercise program, physical therapy, acupuncture and bilateral knee scope. Utilization review from April 14, 2014 denied the request for 1 Norco 7.5/325mg Qty: 60 because there is lack of documentation of efficacy and compliance with medication guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Norco 7.5/325mg Qty: 60: Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been prescribed with Norco for treatment of chronic low back pain. However, given the 2000 date of injury, the duration of opiate use to date is not clear. Specific measures of analgesia and functional improvements, such as improvements in activities of daily living were not documented. There was also no documentation of presence or absence of adverse effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Prospective request for 1 prescription of Norco 7.5/325 mg #60 is not medically necessary.