

Case Number:	CM14-0064777		
Date Assigned:	07/11/2014	Date of Injury:	09/21/2011
Decision Date:	11/25/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 61-year-old female with date of injury of 09/21/2011. The listed diagnoses per [REDACTED] from 03/13/2014 are: 1. Lumbar myoligamentous injury with discopathy at L4-L5 with annular fissure and central and right-sided foraminal narrowing; 2. Bilateral lower extremity radiculopathy, left greater than the right; 3. Cervical myoligamentous injury with associated cervicogenic headaches and right-sided radicular symptoms; 4. Reactionary depression/anxiety; 5. Medication-induced gastritis; 6. Severe right hip degenerative joint disease. According to this report, the patient continues to complain of debilitating low back pain as well as right hip pain. The patient has significant lumbar spine pathology and will need surgery to her lumbar spine in the near future. She does have electrodiagnostic findings revealing a left L5 radiculopathy, as well as a mild to moderate bilateral carpal tunnel syndrome. The patient also underwent a lumbar provocative diskogram with findings of unequivocally positive at L5-S1 greater than L4-L5. The patient remains on her current oral analgesic regimen which is the only thing that allows her to have any type of life and function throughout the day. The examination shows tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and suboccipital region. Multiple trigger points and taut bands palpated throughout the cervical spine. Upper extremity motor testing is 5/5 bilaterally. Deep tendon reflexes are 2+ bilaterally. Cervical range of motion is diminished. Sensory examination to Wartenberg pinprick wheel is decreased along the posterior lateral arm and lateral forearm on the right. Tenderness to palpation was noted in the lumbar paravertebral musculature and sciatic notch region. Trigger point and taut bands with tenderness to palpation noted throughout. Gait is normal. Straight leg raise in the modified sitting position is positive at 60 degrees on the left. The utilization review denied the request on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with low back pain and right hip pain. The treating physician is requesting Norco 10/325 mg, quantity 300. For chronic opiate use, the MTUS Guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 on ongoing management also require a documentation of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 04/11/2013. The urine toxicology report from 01/14/2014 shows inconsistent results with prescribed medications. The 04/11/2013 report notes, "She is back taking her previous medical regimen, but she still reports close to 50% benefit of her cervicogenic headaches and neck pain. Her low back is requiring [is what is requiring] her to take more and more medication." The treating physician does not provide pain scales, no specifics regarding ADLs, no mention of quality of life changes and no discussions regarding "pain assessment" as required by MTUS. There is also no discussion regarding adverse side effects and the urine drug screen from 01/14/2014 shows inconsistent results. The treating physician has not addressed the inconsistent results. Recommendation is that the request is not medically necessary.