

Case Number:	CM14-0069138		
Date Assigned:	07/14/2014	Date of Injury:	11/01/2000
Decision Date:	09/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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 claimant injured her neck and low back on 11/01/00 and she has chronic neck and low back pain. Norco is under review. She saw [REDACTED] on 04/24/14. She was awaiting psychotherapeutic sessions because she had very poor coping skills. On 05/28/14, she saw [REDACTED] and she was taking Norco 10/325 mg 1 tablet 4 times a day. She was able to function and do her ADLs (activities of daily living) with pain medication. Without it she was unable to get out of bed. She had been compliant. She had tenderness of the cervical and lumbar paraspinals. Her motor strength was intact. She had chronic intractable neck pain due to degenerative disc disease in the neck and low back. She had severe neuropathic pain and failed back syndrome. She also had myofascial pain. She had ongoing comorbidities. She had tried different narcotic pain medications in the past and was tolerating hydrocodone. She had a behavioral medicine office visit on 06/17/14 and had chronic back pain with depression and anxiety. She had a lot of fatigue. She has been using Norco for a prolonged period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG 1 PO QID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81, 91, 92-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Medications for Chronic Pain Page(s): 110, 94.

Decision rationale: The history and documentation do not objectively support the request for the opioid Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen, nonsteroidal anti-inflammatory drugs, antidepressants, or antineuropathic medications. MTUS further explains, "pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she receives from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she takes it. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. As such, the medical necessity of the ongoing use of Norco 10/325mg 1 po qid #120 has not been clearly demonstrated. Therefore, the request is not medically necessary.