

Case Number:	CM14-0069641		
Date Assigned:	07/14/2014	Date of Injury:	11/28/2012
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
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 patient is a 59-year-old male who has submitted a claim for left shoulder rotator cuff tear, lumbar degenerative disc disease, and lumbar spinal facet syndrome associated with an industrial injury date of November 28, 2012. Medical records from July 1, 2013 up to June 27, 2014 were reviewed showing left shoulder pain 8-9/10 on the pain scale, unchanged from previous visits. He also noted pain in lumbar area 8-9/10 on the pain scale, unchanged from previous visits. He described the low back pain as constant and radiating to the right leg and knee. Patient was compliant with prescribed medications. Physical examination showed wide-based gait and heel-toe walk was performed with difficulty due to pain in low back. Lumbar spine examination revealed diffused tenderness of paraspinal muscles and facets at L3-S1. Positive tenderness of bilateral piriformis muscles, positive Fabere/Patrick's test, positive Kemp's test, positive straight leg raise tests, and decreased range of motion were also noted. MRI done on December 4, 2013 showed mild to moderate degenerative changes of the lumbar spine characterized by disc space narrowing and degenerative endplate changes and small disc bulges. Treatment to date has included Norco 10/325mg, Percocet, Flexeril, oxycodone, topical creams, physical therapy, chiropractic care, home exercise programs, and bilateral facet rhizotomy. Utilization review from April 24, 2014 denied the request for Norco 10/325mg #180. The use of opioids for chronic low back pain is only recommended for short-term pain relief. Use longer than 16 weeks is unclear. The patient had no improvement in function or pain as his pain level remained unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

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, side effects, physical and psychosocial functioning 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. The use of opioids for chronic low back pain is only recommended for short-term pain relief. In this case, the patient has been taking Norco 10/325mg since March 28, 2014. Although urine drug screening tests were done to monitor intake, the patient has failed to exhibit improvement in functioning and pain relief. Pain has remained unchanged at 8-9/10 severity in almost all visits. Therefore the request for Norco 10/325mg #180 is not medically necessary.