

Case Number:	CM14-0075864		
Date Assigned:	09/24/2014	Date of Injury:	06/23/1997
Decision Date:	10/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 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:

This 41 year-old patient sustained an injury on June 23, 1997 while employed by [REDACTED]. Request(s) under consideration include Norco 10-325 1 po QID Count #90 with one refill. Diagnoses include Failed back surgery (3); lumbar myofascial pain; lumbar radiculitis; and intervertebral disc disease. Report of February 28, 2014 from the general practitioner noted the patient with chronic ongoing low back pain rated at 6/10; experiencing dyspepsia. Exam showed hypertonicity of lumbosacral musculature with myospasm at lumbosacral junction; antalgic gait with slight shuffle. Treatment included medication refills of Norco and Soma, remaining temporary total disability (TTD). A urine drug screen dated April 25, 2014 detected acetaminophen, Cannabinoids (THC), Carisoprodol, Hydrocodone, Hydromorphone, and Norhydrocodone. Medications list Norco, Diazepam, Carisoprolol, and Protonix. Work status report of April 25, 2014 noted patient to remain off work (temporarily disabled). Report of July 16, 2014 from the provider noted unchanged chronic back complaints with unchanged exam findings of limited lumbar range and antalgic gait. Diagnoses are unchanged with plan for medication refills of Norco, Soma, and Xanax with patient remaining off work until August 15, 2014. Work status report of August 13, 2014 noted patient to remain off work (TTD) until September 10, 2014. The request(s) for Norco 10-325 1 po QID Count #90 with one refill was modified for #90 without refills for weaning on May 12, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (10-325mg, 1 by mouth 4-times per day, #90 with one refill): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities or decreased in medical utilization with patient remaining TTD without functional change. There is no evidence of utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance as the patient had inconsistent drug screening; however, no adjustment was made by the provider regarding the aberrant drug behavior. The California MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore, the request is not medically necessary and appropriate.