MAXIMUS Federal Services

Case Number:	CM14-0079146		
Date Assigned:	07/18/2014	Date of Injury:	12/06/2008
Decision Date:	10/01/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/29/2014

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 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 62-year-old male who has submitted a claim for lumbar disc myelopathy, lumbar radiculopathy, and diabetes mellitus associated with an industrial injury date of 12/6/2008.Medical records from 2/16/2012 up to 4/22/2014 were reviewed showing continued significant low back pain with radiations to the right lower extremity. Pain has been relatively unchanged. He initially used Norco since 10/17/2013 with some relief in pain, although pain scale on VAS was not indicated. However, due to an increase in his ALT levels, he was switched to tramadol on 12/10/2013. As per PR dated 3/25/14 he reported that tramadol gave him headaches and wished to try Norco again. His ALT level was slightly increased at 52. Tramadol was discontinued and he started using Norco again. A UDS done on 3/25/14 showed that tramadol was not detected. He also claimed to suffer from constipation which was greatly relieved by Senokot. Lumbar spine examination revealed significant muscular tightness and taut muscle bands with limited ROM. SLR was significantly positive on the right and does cause radicular pains along the L2 and L5 dermatomal area.Treatment to date has included Norco 5/325mg, Narcosoft, tramadol, omeprazole, gabapentin, Senokot, metformin, glipizide, lisinopril, insulin, and ibuprofen.Utilization review from 5/12/2014 denied the request for Narcosoft #60 and Norco 5/325 mg #30. Regarding Norco, there was no documentation that the prescriptions were from a single practitioner, were taken as directed, that the lowest possible dose was prescribed, that there would be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Narcosoft, narcotics are non certified and there is no indication that the patient suffers from constipation currently or that first line lifestyle modifications have been employed and failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcosoft #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 91, 77-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Initiating Therapy in Opioids, Page(s): 77.

Decision rationale: As stated on page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. In this case, patient reported constipation secondary to opioid use. However, the simultaneous request for opioids is non-certified. Therefore, the request for Narcosoft #60 is not medically necessary.

Norco 5/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 91, 77-80, 124.

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 since at least 10/2013. He discontinued it due to elevated ALTs and switched to tramadol. He did not tolerate tramadol very well and switched back to Norco on 3/25/2014. His UDS on the same date was inconsistent with the prescribed medications suggesting aberrant drug taking behavior. However, he reported subjective relief with use of Norco but did not indicate a VAS pain level. Moreover, there are no documented functional gains with the continued use of Norco. Furthermore, he also suffers from constipation and elevated liver enzymes. Therefore, the request for Norco 5/325 mg #30 is not medically necessary.