

Case Number:	CM14-0082465		
Date Assigned:	07/21/2014	Date of Injury:	05/09/2003
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/04/2014

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 54 year old male with an injury date of 05/09/03. The 04/22/14 report by [REDACTED] states that the patient presents with lower back pain radiating to the right lower extremity. His pain is sharp and of intermittent duration. Activities of daily living improve with medication. Pain is 5/10 with medication. Without medication the patient has difficulty walking and pain is 8/10. The patient wishes conservative treatment instead of recommended surgery following spine evaluation by [REDACTED] (date unknown). Palpation on the left and right indicates tenderness of the paraspinal region at L4 and the iliolumbar region. There is pain with motion. The patient's diagnoses include: 1. Chronic pain syndrome. 2. Degeneration of lumbar intervertebral disc. The 04/22/14 report by [REDACTED] reports current medication as Ambien, Hydrocodone, Lidocaine, Nabumetone, and Zolpidem. The treater is requesting for Norco 10/325mg#90 with one refill. The utilization review being challenged is dated 04/30/14. The rationale states that the patient is a long-term user without evidence of sustained improvement in function or quality of life. The request was modified to no refills. Treatment reports were provided from 02/25/14 to 08/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg, #90 with one refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids: On going Management and Weaning of Medications.

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

Decision rationale: The patient presents with back pain radiating to right lower extremity. The treater is requesting for Norco 10/325 mg #90 with 1 refill. MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one very six months, documentation of the 4A's (analgesia, ADLs, adverse side effect, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication etc. A review of the treatment reports from 02/25/14 to 4/22/14 does not show the date the patient began taking Norco. He was continuing Hydrocodone per the 02/25/14 report and the 04/22/14 report states the patient was taking Norco after being weaned from MScontin at an unknown past date. The 04/30/14 utilization review states the patient has been taking the medication since at least 07/31/12. The treater does not use any numerical scales to the patient's pain and function specific to Norco as required by MTUS. There are no discussion of the four A's, including specific improvements in ADL's. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should be slowly weaned as outlined in MTUS guidelines. Therefore, this request is not medically necessary.