

Case Number:	CM14-0137712		
Date Assigned:	09/05/2014	Date of Injury:	08/23/2007
Decision Date:	01/27/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/26/2014

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 Rehab, 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 69 year old male with an injury date on 8/23/07. The patient complains of lumbar pain and cervical pain, rated 6-7/10 per 7/11/14 report. According to 5/16/14 report, the patient has "significant issues" with lumbar spine, and the patient is currently being treated solely with medications (Norco, Percocet and Lunesta per 4/17/14 report). Based on the 7/11/14 progress report provided by the treating physician, the diagnoses are: 1. multilevel lumbago with radiculopathy, bilateral 2. sacroiliac joint and facet joint arthropathy 3. multilevel cervicalgia with radiculopathy 4. extensive myofascial syndrome 5. cervicogenic headaches 6. reactive sleep disturbance 7. reactive depression 8. repeated falls A physical exam on 7/11/14 showed "decreased range of motion of L-spine and C-spine." The patient's treatment history includes medications, sacroiliac joint injections. The treating physician is requesting norco 10/325mg TID #240 (1-2 PO up to TID). The utilization review determination being challenged is dated 8/11/14. The requesting physician provided treatment reports from 9/16/13 to 7/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg TID #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain and neck pain. The treater has asked for Norco 10/325mg tid #240 (1-2 po up to tid) on 7/11/14. Patient has been taking Norco since 1/23/14 report. The patient uses Norco and Percocet for general pain control per 2/20/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not indicate a decrease in pain with current medications which include Norco in reports dated 9/16/13 to 7/11/14. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.