

Case Number:	CM14-0178634		
Date Assigned:	12/12/2014	Date of Injury:	08/08/2002
Decision Date:	01/30/2015	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/28/2014

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 58 year old female with an injury date of 08/08/02. Based on the 04/23/14 progress report provided by treating physician, the patient complains of neck, upper back and low back pain. The patient has an abnormal gait. Physical examination to the cervical spine revealed mild spasm and tenderness to palpation to the paraspinous musculature. Range of motion was decreased in all planes. Examination of the lumbar spine revealed tenderness to palpation to the paraspinous musculature, and decreased range of motion, especially on left lateral rotation 10 degrees. Per treater report dated 10/22/14, patient is prescribed Tramadol since Norco is not being authorized. Norco, Ultram, and Gabapentin were dispensed on 04/23/14. Per progress reports dated 04/23/14 and 08/27/14, treater states that Norco "has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." Per progress reports dated 04/23/14 treater continues to state that "the patient has been using Norco for a prolonged period of time. Having the medication discontinued abruptly can cause life-threatening withdrawals..." Per Request for Authorization form dated 08/27/14, Norco is requested for due to patient being "status post cervical arthrodesis with chronic long term cervicalgia; and status post lumbar decompression and fusion with lumbalgia." Patient is temporarily totally disabled per treater report dated 05/21/14. Diagnosis 04/23/14- status post hardware removal 01/17/05- status post 360 degress lumbar fusion, L3 to the sacrum- status post cervical fusion at C5-C6 with junctional discopathy at C4-C5- Keloid - abdominal incision site- bilateral shoulder impingement- L3-L4 psedoarthrosis- status post revision of pseudoarthrosis L3-4 03/12/08- status post hardware removal, fusion inspection 01/20/10- status post C4-C5 anterior cervical discectomy and fusion with instrumentation 08/08/12The utilization review

determination being challenged is dated 09/27/14. Treatment reports were provided from 03/26/14 - 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #30, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications.

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

Decision rationale: The patient presents with neck, upper back and low back pain. The request is for 1 prescription of Norco 10/325mg #30, with 2 refills. Per Request for Authorization form dated 08/27/14, Norco is requested for due to patient being "status post cervical arthrodesis with chronic long term cervicgia; and status post lumbar decompression and fusion with lumbalgia." Norco, Ultram, and Gabapentin were dispensed on 04/23/14. Per progress reports dated 04/23/14 treater continues to state that "the patient has been using Norco for a prolonged period of time. Having the medication discontinued abruptly can cause life-threatening withdrawals..." Patient is temporarily totally disabled per treater report dated 05/21/14. 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. Per treater report dated 10/22/14, patient is prescribed Tramadol since Norco is not being authorized. Per progress reports dated 04/23/14 and 08/27/14, treater states that Norco "has been effective because it reduces the pain to the point where it allows the patient to perform some activities of daily living. The medication is helping provide relief with the patient's moderate to severe pain." However, the four A's are not specifically addressed including discussions regarding specific ADL's, adverse effects, aberrant drug behavior, etc. There are no UDS's, CURES or opioid pain contracts. No change in work status or return to work discussions. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.