

Case Number:	CM14-0179795		
Date Assigned:	12/12/2014	Date of Injury:	12/18/2007
Decision Date:	01/15/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family 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:

This is a 67 years male patient who sustained an injury on 12/18/2007. He sustained the injury when he was on a 6 feet ladder, reaching up to put heating and air conditioning return ducts back in, he felt and heard pop in his low back. The current diagnoses include lumbosacral sprain with severe degenerative disc disease and facet mediated pain confirmed by median branch block. Per the doctor's note dated 12/8/14, he had complaints of back pain with radiation to the back of his legs and muscle spasm. The physical examination revealed palpable muscle spasm over the back, forward flexion 20 and extension 5 degrees with severe back pain that radiates to the left buttock and posterior thigh, sensory loss in the left lateral calf and bottom of his foot, ambulates with limp in his left lower extremity. The medications list includes nucynta, zorvolex (diclofenac) and Norco. His surgical history includes left carotid endarterectomy, tonsillectomy and melanoma. He has had lumbar MRI in 2008 which revealed facet arthrosis and degenerative disc disease at L5-S1; lumbar MRI dated 10/5/12 which revealed advanced multilevel lumbar intervertebral degenerative disc disease. He has undergone epidural steroid injection and lumbar medial branch block for this injury. He has had physical therapy visits, massage therapy visits, chiropractic visits and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for norco 10/325mg #45: 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): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/31/14) Opioids, criteria for use

Decision rationale: Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 Prescription for Norco 10/325mg #45 is not established for this patient.