

Case Number:	CM14-0190395		
Date Assigned:	11/21/2014	Date of Injury:	07/17/2002
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/14/2014

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 Management and is licensed to practice in Tennessee. 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 72-year-old male with a 7/17/02 date of injury, while lifting a 70-pound suitcase. The patient was seen on 10/15/14 with complaints of 9-10/10 stabbing-like, worsening back pain, radiating in to the right buttock and posterior thigh with a burning sensation in his leg. Exam findings revealed limited ranges of motion of the lumbar spine, positive straight leg rising (SLR) test bilaterally and decreased sensation to light touch and pinprick in the right lateral calf and bottom of the foot. The deep tendon reflexes (DTRs) were 1+ at the knees and ankles and the strength in the lower extremity muscle was 5/5. There was swelling, crepitus and painful patellar compression test in the right knee. The progress note stated that the patient was on Zanaflex, Lyrica and was utilizing a transcutaneous electrical nerve stimulation (TENS) unit and that the patient's urine drug screen (UDS) tests have been appropriate. The diagnosis is lumbago with neuropathic pain, right knee pain, obesity and coronary artery disease (CAD). Treatment to date: epidural injections, work restrictions, home exercise program (HEP), TENS unit, Toradol injections and medications. An adverse determination was received on 10/22/14 for a lack of functional improvement and decrease in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was utilizing Norco at least from 2012, however given the 2002 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, the records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Additionally, the progress report dated 10/15/14 indicated that the patient's UDS test have been appropriate, however the recent UDS test report was not available for the review. Lastly, the reviewer's notes indicated, that the patient completed weaning off of Norco in 07/14. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg # 140 was not medically necessary.