

Case Number:	CM14-0194213		
Date Assigned:	12/01/2014	Date of Injury:	06/29/2000
Decision Date:	01/14/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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 Internal 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:

The injured worker (IW) is a 63-year-old man with a date of injury of September 18, 1985. The mechanism of injury was not documented in the medical record. Pursuant to the clinical note dated October 28, 2014, the IW complains of worsening low back pain, severe muscle cramps in his back, and burning sensation in both legs. He is wearing a back brace, which helps his back spasms and keeps him ambulatory. He feels like is on the very lowest narcotic dose to maintain a functional level. He continues to take MS Contin 30mg 3 times a day, Norco 4 to 5 per day, and Ambien for insomnia. He reports 50% reduction in pain and 50% functional improvement with activities of daily living with medications versus not taking them. On exam, back reveals rigid palpable tenderness over the lumbar trunk, suggesting muscle spasms. He has loss of lordotic curve with slight right antalgic posture. He can forward flex 30 degrees; extend 5 degrees with back pain. Right and left straight leg raises are both 80 degrees, causing back pain, but non-radiating. Motor, sensory, and deep tendon reflexes appear to be grossly intact. He can ambulate on his toes and heels. The current diagnoses include status post multiple spine surgeries, including 5 overall; multiple wash-out procedures for osteomyelitis infection and removal of hardware; dyspepsia from medications, stable with alternating Ranitidine and Protonix; insomnia due to back pain, stable with as needed Ambien use; Neuropathic component of burning pain in the lower extremities. He has failed TCAs and neuropathic agents including Topamax, Lyrica, Neurontin, Lamictal, and Lidocaine patch. The treating physician is requesting refills for MS Contin 60mg #90, Norco 10/325mg #140, and Ambien 10mg #30. There is a progress reports in the medical record dated May 29, 2014 that indicates the IW has been taking narcotics for an extending period of time including Norco and Oxycontin. Review of the medical record reveals no detailed pain assessments or objective functional improvement with respect to opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 140: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325#140 is not medically necessary. Ongoing, chronic opiate abuse requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improves quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 63 years old with a date of injury June 29, 2000. The injured worker's status post five lumbar spine surgeries and status post multiple wash out procedures secondary to osteomyelitis with removal of hardware. Current medications are OxyContin 40 mg three times a day, Norco 4 to 5 times daily, Lunesta 3 mg for insomnia. The total duration of opiate use is not documented in the 41 page medical record. The injured worker subjective reports 50% functional improvement medications versus not taking medication at all. The injured worker is under an opioid contract and urine drug screens have been reported to be appropriate. Opiates should be limited to short-term pain relief in patients with acute low back pain. Long-term efficacy is unclear. Ongoing opiate use is based on measurable functional improvement or return to work as a result of using opiate-based medications. According to the current evidence-based guidelines, the recommendation is for opioid dosing not to exceed 120 mg of oral morphine equivalents per day (MED). Adding Norco 10/325 mg two tablets every 4 to 6 hours and MS Contin 60 mg three times a day, the MED is 300. At doses of 100 MED is recommended for treating physician should reassess the class of drugs contributing to that in ED. The medical records do not establish measurable objective functional improvement and the MED exceeds the evidence-based guidelines. Consequently, Norco 10/325#140 is not medically necessary.