

Case Number:	CM14-0194607		
Date Assigned:	12/02/2014	Date of Injury:	03/23/2007
Decision Date:	01/15/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 and Rehabilitation, 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 45-year-old male with a date of injury of 03/23/2007. The listed diagnoses from 10/23/2014 are: 1. Lumbar radiculopathy 2. Low back pain 3. Muscle spasms According to this report, the patient complains of neck and lower back pain. His pain has remain unchanged since his last visit. No new problems or side effects were reported. Examination shows range of motion in the lumbar spine is restricted due to pain. Muscle spasms and tenderness was noted in the paravertebral muscles including a tight muscle band on the left side. Straight leg raise is positive on the left. Motor examination is normal. Sensation is decreased over the lateral calf and thigh on the left side. Reflexes are normal. He notes that his current regimen is "working very well" to control his pain level. The patient reports increased functionality and ability to perform his ADLs with the aid of his medications. He does not exhibit any adverse behaviors. The documents include progress reports from 06/26/2014 to 10/23/2014. The utilization review denied the request on 11/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 1/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: This patient presents with neck and low back pain. The treating physician is requesting Norco 1/325 Mg Quantity 120 (10/325 In Ur Letter, 1 4x Daily Prn). For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The record show that the patient was prescribed Norco on 07/31/2014. The 08/28/2014 and 09/25/2014 reports show the same examination findings from the 10/23/2014 report. While the treating physician has noted, "medications are working well. No side effects reported. No medication abuse is suspected." The treating physician does not provide before and after pain scales to denote analgesia, no specific ADLs were discussed, no change in work status to show significant functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now slowly be weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.