

Case Number:	CM14-0195223		
Date Assigned:	12/02/2014	Date of Injury:	12/31/2001
Decision Date:	01/16/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 New Jersey and New York. 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 is a 32 year-old female who was injured on 12/13/01 by cumulative trauma. She complained of lower back pain. On exam, she had difficulty getting on and off the exam table, normal strength bilaterally and normal reflexes, tender lumbar area with muscle spasms, and decreased sensation of L4-5 dermatomes. She had a micro-discectomy and laminectomy of lumbar spine in 4/2004 and was diagnosed with failed spinal surgery syndrome and spondylosis without myelopathy. She had an epidural steroid injection with improvement. A 2/2010 MRI of the lumbar spine showed normal disc space, height and dehydration from T10 through L4, right hemi-laminectomy defect at L4-5 with disc bulge causing slight posterior displacement of the right proximal S1 nerve root and mild spinal canal narrowing, L5-S1 posterior disc osteophyte complex with facet disease causing no significant spinal stenosis. She follows a home exercise program. Her medications included ibuprofen, Methadone, Norco, Soma, and Xanax. As per the chart, the patient was placed on methadone "due to increased functional capacity, and decreased pain and suffering to allow for continued work at 60 hours a week." The patient has been on Norco since 2010. The current request is for a tapering dose of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Every 4 Hours #180 For The Purpose Of Continued Trials To Taper To A Lower Total Opioid Dose By Decreasing Dosage By 10% Every 2-4 Weeks As Tolerated:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on Norco since 2010 without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of all the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning. There were urine drug screens in the chart but no drug contract documented. The current plan is for weaning. As per the chart, her methadone dose was to be increased. It is unclear if the patient had other conservative measures such as acupuncture or chiropractic sessions and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered not medically necessary.