

Case Number:	CM14-0195597		
Date Assigned:	12/03/2014	Date of Injury:	03/07/2002
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
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 Texas & 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 52 years old male patient who sustained an injury on 3/7/2002. He sustained the injury when he fell off a sound wall approximately 15 to 18 feet to the ground. The current diagnoses include lumbago, left elbow pain, failed spinal cord stimulator trial and lumbosacral neuritis. Per the doctor's note dated 10/28/14, he had complaints of right arm pain with radiation to the fingers, low back pain and bilateral lower extremity pain. The physical examination revealed limited lumbar range of motion, tenderness to palpation over the paraspinal muscles in the lumbar region bilaterally. The medications list includes norco, kadian and fentanyl. He has had MRI lumbar spine dated 4/7/13 which revealed disc dessication at L3-4 and L4-5 with disc bulge and facet arthropathy at L3-S1; nerve conduction study dated 10/10/2013 which revealed evidence of moderate bilateral S1 sensory radiculopathy. He had undergone right elbow ulnar nerve release and failed spinal cord stimulator trial on 5/19/14. He has had physical therapy visits and epidural steroid injections for this injury. He has had urine drug screen report dated 9/16/14 which was negative for hydrocodone.

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 #120: Upheld

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

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: 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 regards to non-opioid 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. He has had urine drug screen report dated 9/16/14 which was negative for hydrocodone. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of 1 prescription for Norco 10/325mg #120 is not established for this patient.