

Case Number:	CM14-0195619		
Date Assigned:	12/03/2014	Date of Injury:	06/29/2000
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
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 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 69-year-old male with a 6/29/00 date of injury. The injury occurred when he was lifting 100-pounds of beans, and sustained an injury to the back and left wrist. According to a progress report dated 10/10/14, the patient continued to have persistent lower back and lower extremity pain along with left wrist pain. He rated his pain as an 8/10. He described his pain as intermittent and radiated from the low back to the left lower leg. Objective findings: tenderness and spasm noted to lumbar paraspinal muscles, tenderness to the left posterior superior iliac spine and lumbar facet joints, dysesthesia to light touch (left L5 dermatome more than S1 dermatome), otherwise symptoms unchanged. Diagnostic impression: low back pain, left wrist pain, clinically consistent lumbar radiculopathy, lumbar facet pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 11/14/14 denied the request for Norco 10/325mg #90, tid. There were UR decisions dating back to 8/11/14 recommending weaning the patient off 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 #90, tid: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78, 80.

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. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screens provided for review, or CURES monitoring. Furthermore, given the 2000 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. Therefore, the request for Norco 10/325mg #90, tid was not medically necessary.