

Case Number:	CM14-0195678		
Date Assigned:	12/10/2014	Date of Injury:	04/20/1999
Decision Date:	01/15/2015	UR Denial Date:	10/29/2014
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 Preventive 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:

According to the records made available for review, this is a 52-year-old female with a 4/20/99 date of injury. At the time (10/17/14) of request for authorization for Norco 10/325mg #60, Norco 10/325mg #60 (do not fill before 11/28/14), Norco 10/325mg #60 (do not fill before 12/28/14), spine lumbar epidural steroid injection, and urine drug screen, there is documentation of subjective (low back pain with L4 and L5 radicular leg pain) and objective (tenderness over the lumbar paraspinals, decreased lumbar range of motion, positive left straight leg raising test, 4/5 strength of left quadriceps and extensor hallucis longus, hyperalgesia and numbness at L4 and L5, and decreased knee reflex) findings, current diagnoses (myofascial pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and lumbosacral spondylosis without myelopathy), and treatment to date (medications (including ongoing treatment with Norco), previous epidural steroid injections (10/3/13), physical therapy, chiropractic therapy, acupuncture, and aquatic therapy). Medical report identifies that previous epidural steroid injection provided more than 50% pain relief for more than 6 weeks with functional improvement and decreased medications; and that there is a narcotic contract. Regarding Norco 10/325mg #60, Norco 10/325mg #60 (do not fill before 11/28/14), and Norco 10/325mg #60 (do not fill before 12/28/14), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and lumbosacral spondylosis without myelopathy. In addition, given documentation of a narcotic contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 is not medically necessary.

Norco 10/325mg #60 (do not fill before 11/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of

medications or medical services. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and lumbosacral spondylosis without myelopathy. In addition, given documentation of a narcotic contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 (do not fill before 11/28/14) is not medically necessary.

Norco 10/325mg #60 (do not fill before 12/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and lumbosacral spondylosis without myelopathy. In addition, given documentation of a narcotic contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #60 (do not fill before 12/28/14) is not medically necessary.

Spine lumbar epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of a previous epidural steroid injection. Furthermore, there is documentation of at least 50-70% pain relief for six to eight weeks, no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response. However, there is no documentation of the specific nerve root level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for spine lumbar epidural steroid injection is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of myofascial pain syndrome, thoracic/lumbosacral neuritis/radiculitis, degenerative lumbar/lumbosacral intervertebral disc, lumbago, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of ongoing opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.