

Case Number:	CM14-0197995		
Date Assigned:	12/08/2014	Date of Injury:	07/31/2004
Decision Date:	01/20/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 66-year-old male with a 7/31/04 date of injury and status post L4-5 surgery. At the time (11/20/14) of request for authorization for Norco 7.5/325mg #90, there is documentation of subjective (low back pain extending down the left leg) and objective (normal mood, no acute distress) findings, current diagnoses (low back pain with left sciatica, lumbar disc degeneration L4-5 status post-surgery with residual left L4-5 disc protrusion, grade 1 spondylolisthesis with instability L4-5, left L4 and L5 radiculopathies), and treatment to date (activity modification, home exercise program, and medications (including ongoing use of Norco since at least 3/14)). 11/10/14 medical report identifies that the patient utilizes Norco in the mid-morning, at approximately 5 to 6 pm and at bedtime, and that patient has a pain reduction of approximately 50% and is able to walk more easily and perform chores more easily. In addition, 11/10/14 medical report identifies a pain management agreement. 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

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 low back pain with left sciatica, lumbar disc degeneration L4-5 status post-surgery with residual left L4-5 disc protrusion, grade 1 spondylolisthesis with instability L4-5, left L4 and L5 radiculopathies. In addition, given documentation of an opioid agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given medical records reflecting ongoing use of Norco since at least 3/14 and despite documentation of pain reduction of approximately 50% and that patient is able to walk more easily and perform chores more easily, 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 7.5/325mg #90 is not medically necessary.