

Case Number:	CM14-0198659		
Date Assigned:	12/09/2014	Date of Injury:	01/28/1998
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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:

The patient is a 62 year old male with the injury date of 01/28/98. Per physician's report 09/23/14, the patient has low back pain, radiating down his legs. The patient rates his pain as 9/10 without medication and 7/10 with medication. The patient states that "Norco and Naproxen are helpful for pain." He is currently taking Norco, Naproxen, Omeprazole, Amitriptyline, Flexeril, Cholesterol medication and diabetes medication. There has been no aberrant drug behavior. He is active on his medication. MRI of the lumbar spine from 08/18/14 reveals 1) at L2-L3 4-5mm disc protrusion extending into both neural foramen including facet hypertrophic changes bilaterally 2) high grade spinal stenosis at L4-L5 and 3) grade 1 anterolisthesis at L5-S1. The patient had a two-level lumbar fusion on 12/11/07. Per 08/26/14 progress report, the patient presents with pain and spasm in his low back, at 9/10 without medications and 7/10 with medication. The patient states "Norco with good relief and no side effects." Per 07/22/14 progress report, the patient rates his low back pain as 9/10 without medication and 5/10 with medication. The lists of diagnoses are: Discogenic low back pain, s/p L3-4 and L4-5 fusion on 12/11/07; Post laminectomy syndrome and Chronic pain syndrome. The CURES report from 10/17/14 was consistent with one prescriber for narcotic medication. The urine screen performed on 09/30/14 was consistent with Norco. The utilization review letter 10/30/14 modified the request of Norco #180 to #135 due to weaning of this medication. Three treatment reports were provided from 07/22/14 to 09/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78, 88 and 89.

Decision rationale: The patient presents with pain and weakness in his low back and legs. The patient is s/p lumbar fusion on 12/11/07. The request is for NORCO 10/325mg #180. The patient has been utilizing Norco since 2007. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the provider provides CURES and drug screening report. There are documentations which specifically discuss side effects and aberrant drug seeking behavior. However, analgesia and ADL's are not discussed. There are no before and after pain scales required by the MTUS. No validated instruments are used to document functional improvement and no specific ADL's are discussed showing significant improvement. Given the lack of documentation of Analgesia and ADL's, the request for Norco #180 is not medically necessary and should be slowly tapered per MTUS.