

Case Number:	CM14-0199005		
Date Assigned:	12/09/2014	Date of Injury:	01/06/2009
Decision Date:	01/26/2015	UR Denial Date:	11/03/2014
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 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 36 year old male with the injury date of 01/06/09. Per physician's report 09/30/14, the patient has pain in his neck, lower back and both of ankles, at 8/10. His lower back pain has been aggravated from 4/10 to 8/10, comparing to what he felt on her last visit. There is grade 2-3 tenderness over paraspinal muscles. The patient ambulates with a cane. The lists of diagnoses are: 1) Exacerbation of cervical spine pain 2) Exacerbation of lumbar spine pain 3) S/P two levels of discectomy 09/19/12 4) S/P L2-3 posterior lumbar interbody laminectomy and discectomy 03/06/13 5) Failure back syndrome 6) Exacerbation of left knee pain, synovitis 7) Right knee and ankle synovitis secondary to altered gait 8) Patellar tendinosis, per MRI 11/30/11 9) Pilonidal cyst, aggravated 10) Gastropathy secondary to medication 11) Depression, worsening The patient is prescribed FluriFlex, TGHOT, Omeprazole and Norco. Urine drug screen conducted on 10/01/14 has inconsistent findings. On 09/17/14 the treater prescribed Buspar, Ativan, Ambien and Ledapro. Per 08/21/14 progress report, the patient has neck pain at 8/10, low back pain at 9/10 and knee pain at 7/10. The patient's pain has been aggravated. The utilization review determination being challenged is dated on 11/03/14. Treatment reports were provided from 05/08/14 to 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: 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): 88-89, 78.

Decision rationale: The patient presents with pain in his neck, lower back and knees bilaterally. The patient is s/p lumbar laminectomy and discectomy in 2012 and 2013. The request is for NORCO 10/325mg #60. The utilization review letter 11/03/14 indicates that the patient has been utilizing Norco since at least 05/20/14. 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. The review of the reports does not show any discussion specific to this medication. Although pain scales are provided, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed. There are no before and after pain scales to show analgesia; no specific ADL's discussed showing significant improvement. Only urine toxicologies are reported. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.