

Case Number:	CM14-0200524		
Date Assigned:	12/10/2014	Date of Injury:	12/22/2006
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, and is licensed to practice in Florida. 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 an adult female with a date of injury of 12/22/2006. She sustained a low back injury while moving a bed. Her diagnoses have included L3-L4/L4-L5 spondylolisthesis, L3-L4 moderate and L4-L5 severe stenosis and lumbar radiculopathy, T7-T8 2mm protrusion, and chronic intractable pain. She has previously had MRI and X-ray studies performed. Prior treatment has included a trigger point injection and medications. Her most recent medications include: Diclofenac, Tramadol, Enalapril, and Nexium. She saw a spine surgeon in 10/2014 who recommended a trial of Norco since she was experiencing worsening symptoms and since he pain was not being controlled with her current medications. He also repeated an MRI scan, which does show significant pathology. The spine surgeon believes that the patient will require an L3-L4 and L4-L5 laminectomy and instrumentation and fusion due to significant stenosis and pre-operative instability. A utilization review physician declined the request for Norco citing as his rational that there is no discussion of efforts to decrease or discontinue fasting acting opioids and that there is no discussion of the efficacy of non-opioid pain meds by themselves and that there is no discussion of the efforts to transition to long acting opioids. Again, at the time of the request the only opiate medication this patient was taking was Tramadol (one of the weaker opiates) and the only other pain medication being prescribed was Diclofenac, a nonsteroidal anti-inflammatory. Records do indicate that these medications were not achieving adequate pain control. An independent medical review has been requested to determine the medical necessity of this Norco medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, therapeutic trial of opioids Page(s): 76-78.

Decision rationale: California MTUS guidelines recommend that when starting a therapeutic trial of opioids that one should "start with a short-acting opioid trying one medication at a time." In regards to this patient's case, her Tramadol and Diclofenac medications were not controlling her pain. Therefore, her spine surgeon recommended a trial of Norco. This patient has not demonstrated any drug seeking or aberrant behavior. This patient has severe pathology on her MRI scan for which surgery is being contemplated. The request for Norco is considered medically necessary.