MAXIMUS Federal Services

Case Number:	CM14-0200929		
Date Assigned:	12/11/2014	Date of Injury:	07/07/1998
Decision Date:	01/29/2015	UR Denial Date:	11/03/2014
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 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 injured worker is a 67 year old female who sustained a work related injury July 7, 1998. Interval medical history is noted as arthroscopy right knee date not specified. According to a physician's progress report, dated October 22, 2014, she presented for a follow-up evaluation for chronic low back and bilateral lower extremity pain. The pain is described as moderate throbbing pain over the neck and lower back, radiating to both lower extremities. Physical examination reveals; diffused tenderness along the thoracic and lumbar paraspinals on palpation. Range of motion is limited, forward flexion is 30 degrees, extension 10 degrees and lateral bending is 10 degrees. Straight leg raise in the sitting position is 90 degrees. Muscle strength on manual testing is 5/5 and deep tendon reflexes are intact. The diagnostic impression is documented as; multilevel lumbar degenerative disc disease, multilevel lumbar facet arthritis, and chronic discogenic pain. Treatment plan included; continue Hydrocodone, Lyrica, Lidoderm patches, and non generic patches. Work status is documented as retired.According to utilization review dated November 3, 2014, and citing MTUS Chronic Pain Treatment Guidelines, there is no VAS quantification of pain, with or without medications, and no documented symptomatic or functional improvement from its previous usage. Based on current available information, the medical necessity for the continued use of this narcotic has not been established. Therefore, the request for Norco 10/325mg #120 is modified to #60 to initiate a weaning process or to allow the provider time to document derived functional benefit if any.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: CRITERIA FOR USE OF OPIOIDSTherapeutic Trial of Opioids Page(s).

Decision rationale: Norco 10/325mg #120 is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient. The request is not medically necessary.