

Case Number:	CM14-0201529		
Date Assigned:	12/11/2014	Date of Injury:	09/28/1998
Decision Date:	02/03/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehabilitation, 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 72 year old male with the injury date of 09/29/98. Per physician's report 10/04/14, the treater requested "Norco for October/November early, because of the anticipated national shortage of Norco, for the next one to two months." Per 10/09/14 progress report, the patient has low back pain with significant radicular symptoms to his right leg, at 7/10. Norco and Neurontin, "enables him to function on a daily basis and perform ADLs with less discomfort. "The patient is on Actiq for breakthrough pain. Unfortunately he has been expereicning significant dental loss after being on Actiq for over 13 years." "The patient is routinely monitored for 'at risk' behavior with random urine drug screen, CURES review, and the patient has a signed opioid treatment contract." The patient discontinued Neurontin. Per 08/20/14 progress report, the patient has pain in his back and right leg at 10/10. The patient is taking Actiq, Norco, Neurontin Plavix, valium, Zetia, Lasix, Neurontin, Toprol, Nitrodur, Protonix, Crestor, Micardis and Salon pas. Per 08/19/14 progress report, the patient "experiences increased pain and decreased benefit from his current Actiq dose." The patient states that "he is having more and more breakthrough pain that becomes 10/10." The patient reports that "Both Neurontin and Norco are not significantly assisting him in achieving pain control that allows him to perform ADL's. He finds himself in bed most of the day or on his reclining chair." The lists of diagnoses are:1) Post-laminectomy syndrome2) Bilateral lower extremity radiculopathy, right greater than left3) Reactionary depression/ anxiety4) Possible arachoniditis with associated coccydynia5) Lumbar fusion L3-4, L4-5 and L5-S1 07/16/106) Severe dental caries secondary to long term use of ActiqThe utilization review determination being challenged is dated on 11/03/14. Treatment reports were provided from 06/05/14 to 10/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #360 DOS 10/2/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88 and 89, 78.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities bilaterally. The request is for Norco 10/325mg #360. The patient has been utilizing Norco. Regarding chronic opiate use, MTUS guidelines page 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. 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 required by the MTUS. 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 for Norco #360 is not medically necessary.