

Case Number:	CM14-0204264		
Date Assigned:	12/16/2014	Date of Injury:	11/27/2001
Decision Date:	02/13/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 54-year old female with date of injury 11/27/01. The treating physician report dated 11/7/14 (20) indicates that the patient presents with pain affecting her lumbar spine with excessive activity and prolonged positions of 8/10. The physical examination findings reveal lumbar spine tenderness, spasm and restricted extension and flexion. Neurologic was normal. Straight leg raise produced pain in the lumbar spine bilaterally. Prior treatment history is not documented in the records provided for review. MRI findings of the Cervical Spine dated 9/30/14 (14) reveal normal alignment of the cervical spine. Vertebral bodies are normal height. There is no compression fracture identified. At C5-C6, there is a 3-mm midline disc protrusion resulting in abutment of the cervical cord with moderate degree of central canal narrowing. There is also biforaminal uncovertebral bony hypertrophy at this level with abutment of the existing cervical nerve roots bilaterally. At C6-C7, there is a 2-mm midline disc protrusion with mild degree of central canal narrowing. There is left-sided uncovertebral bony hypertrophy with abutment of the exiting left cervical nerve root. MRI findings of the lumbar spine dated 8/27/14 (17) reveal at L4-L5, there is bilateral facet hypertrophy, bilateral foraminal narrowing and a 1.5-mm posterior disc protrusion. At L5-S1, there is bilateral facet hypertrophy, bilateral foraminal narrowing and a 2-mm posterior disc protrusion. The current diagnosis is: - Herniated disk, lumbar spine. The utilization review report dated 11/24/14 denied the request for Norco 2.5/325mg #60 based on MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting her lumbar spine with excessive activity and prolonged positions of 8/10. The current request is for Norco 2.5/325mg #60. The treating physician report dated 11/7/14 (20) states, "the physical examination findings reveal lumbar spine tenderness, spasm and restricted extension and flexion. Neurologic was normal. Straight leg raise produced pain in the lumbar spine bilaterally." MTUS Guidelines pages 88-89 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 4As (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. A review of the reports provided do not show documentation or discussion of pain assessment at each visit, discussion of the 4 As, or pain assessment and outcome measures per the above. The MTUS guidelines require much more thorough documentation of the functional benefits of chronic opioid usage. In this case, there is no way to tell if this medication is providing any pain relief or functional improvements. Therefore, recommendation is for denial and slow weaning per the MTUS guidelines.