

Case Number:	CM14-0205536		
Date Assigned:	02/11/2015	Date of Injury:	12/03/2003
Decision Date:	03/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey, New York

Certification(s)/Specialty: Family Practice

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 (IW) is a 56 year old male who sustained an industrial injury from continuous trauma on 12/03/2003. He presented with mid and low back pain. Diagnoses include left knee degenerative joint disease, status post T8-9 fusion, status post L5-S1 fusion with residual left leg weakness, C5-6 and C6-7 disc degeneration and T10-12 left facet arthropathy confirmed by diagnostic facet blocks. Treatment to date include prior surgeries, physical therapy, epidurals, medial branch nerve blocks and medications. His history is significant for esophagitis and GI bleeding. A progress note from the treating provider dated 11/17/2014 documented that the IW said he had pain levels of 10/10 without medication and 8-10 /10 with medication. His thoracic pain radiated into the left rib cage area. Examination of the lumbar spine revealed a well healed incision line, tenderness to palpation over the thoracolumbar junction, decreased range of motion in all planes except left lateral bend, negative straight leg raise, intact sensation in the bilateral lower extremities with normal motor strength in the bilateral hips, knees, and ankles. Current regimen included Norco 10/325 mg four times a day, Nexium 40 mg daily, Zoloft 100 mg daily and Ativan 1mg twice daily. The plan of care was to include medications as previously prescribed, and request an advance prescription of Norco. Plans for a random drug screen were noted. The IE had been denied in the past for a radiofrequency ablation from T10 to T12 bilaterally. A request would be made for authorization of a MRI scan of the thoracic spine. On 11/26/2014 Utilization Review non-certified a request for 120 tablets of Norco 10-325mg between the dates of 12/17/2014 and 01/08/2015, noting the retrospective request for Norco on the date of service 12/17/2014 was approved, but there is no

indication for prescribing Norco in advance without periodic clinical assessment of treatment efficacy. The MTUS, ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There is drug contract documented. There are no clear plans for future weaning, or goal of care. It is unclear if the patient had other conservative measures and if there was improvement from these modalities. Because of these reasons, the request for Norco is considered medically unnecessary.