

Case Number:	CM14-0209305		
Date Assigned:	12/22/2014	Date of Injury:	07/17/2009
Decision Date:	03/09/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/15/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male with an injury date of 07/17/09. Based on the 11/13 14 progress report provided by treating physician, the patient complains of low back pain radiating down to both lower extremities. He states his pain can go high as 9/10 in intensity but on his current medication, is decreased to 6/10. He continues to suffer with diagnosed lumbar post-laminectomy syndrome having undergone L4-5 interbody fusion on 01/4/10 with flareup of his low back pain following a motor vehicle accident. Physical examination to the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity. Range of motion was decreased, especially on extension 15 degrees. Straight leg raise test positive bilaterally. The patient feels his current medical regimen enables him to function on a daily basis as well as able to provide between 50%-60% pain relief. Without his present medical regimen, he is bedridden. The patient is able to perform self care task as well as do simple chores around the house including cooking and cleaning with less pain. Current medications include Norco, FexMid, Anaprox, Prilosec, Anaprox DS, Colace, Effexor, and Seroquel. Norco has been prescribed in progress reports dated 05/28/14 and 11/13/14. Toxicology report dated 09/19/14 showed "inconsistent result - prescribed medication: not detected." Treater states in progress report dated 11/13/14 that patient's "Dilaudid was discontinued and as a consequence has been requiring higher dose of his Norco, which enables him to be as functional as possible." Diagnosis 06/24/14, 11/13/14- Lumbar post-laminectomy syndrome status L4-5 interbody fusion, 01/04/10- Right lower extremity radiculopathy-Reactive depression/anxiety-History of left chip avulsion fracture, left ankle-Neurogenic bladder/erectile dysfunction-Obesity-industrially related to

Cushing's disease-Right femur status post ORIF, 01/04/13-Medication-induced gastritisThe utilization review determination being challenged is dated 12/04/14. The rationale is "UDS has not been performed. In addition the patient had taken Dilaudid and Norco in the previous month, but there was no documentation on measurable functional improvement resulting from prior opioid use."Treatment reports were provided from 05/28/14-11/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count: 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; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with low back pain radiating down to both lower extremities. The request is for NORCO 10/325 MG 180 COUNT. The patient states his pain can go high as 9/10 in intensity but on his current medication, is decreased to 6/10. He continues to suffer with diagnosed lumbar post-laminectomy syndrome having undergone L4-5 interbody fusion on 01/4/10 with flareup of his low back pain following a motor vehicle accident. The patient feels his current medical regimen enables him to function on a daily basis as well as able to provide between 50%-60% pain relief. Without his present medical regimen, he is bedridden. The patient is able to perform self-care task as well as do simple chores around the house including cooking and cleaning with less pain. Current medications include Norco, FexMid, Anaprox, Prilosec, Anaprox DS, Colace, Effexor, and Seroquel. Norco has been prescribed in progress reports dated 05/28/14 and 11/13/14.MTUS Guidelines pages 88 and 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.Treater states in progress report dated 11/13/14 that patient's "Dilaudid was discontinued and as a consequence has been requiring higher dose of his Norco, which enables him to be as functional as possible." Treater has quoted the guidelines in progress reports without providing specific discussions of the 4A's. While treater has documented analgesia and activities of daily living, showing decrease in pain and increase in function due to Norco, there are no discussions regarding adverse effects and aberrant behavior. Furthermore, toxicology report dated 09/19/14 showed "inconsistent result - prescribed medication: not detected." There are no CURES and opiate pain contracts. No discussions regarding return to work or change in work status, either. Given lack of documentation, as required by MTUS, and inconsistent UDS, the request for Norco IS NOT medically necessary.