

Case Number:	CM15-0001552		
Date Assigned:	01/12/2015	Date of Injury:	06/04/2008
Decision Date:	04/09/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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 60-year-old male with an injury date on 6/4/08. The patient complains of left-sided neck pain, radiating into left upper extremity, and into his left hand/thumb, as well as lower back pain radiating into bilateral lower extremities and into bilateral anterior thighs per 11/25/14 report. The patient describes his neck pain as 7-8/10, his lower back pain as 6-9/10 per 11/25/14 report. The patient has persistent flare-ups of lower back pain and continues to have loss of rectal control per 6/25/14 report. Based on the 11/25/14 progress report provided by the treating physician, the diagnoses are: 1. s/p L2-3, L3-4, L4-5, L5-S1 laminectomy and partial medial facetectomy 3/25/10. 2. Loss of rectal tone, sensation, and control. 3. Compensatory s/s cervical spine. 4. Compensatory s/s thoracic spine. 5. Depression. 6. Multiple posterior disc protrusions per MRI scan of the lumbar spine with gadolinium 4/27/11. A physical exam on 11/25/14 showed "C-spine range of motion is limited."The patient's treatment history includes medications, urine drug screen, home exercise program. The treating physician is requesting Norco 10/325mg #100. The utilization review determination being challenged is dated 12/5/14. The requesting physician provided treatment reports from 4/23/14 to 11/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: This patient presents with left-sided neck pain, radiating into left upper extremity, and into his left hand/thumb, as well as lower back pain radiating into bilateral lower extremities and into bilateral anterior thighs. The treater has asked for NORCO 10/325MG #100 on 11/25/14. The patient has been taking Norco since 6/25/14. For chronic opioids use, 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. The patient is currently not working per 11/25/14 report. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "the patient reports that he has a hard time functioning when he doesn't take his Norco" per 11/25/14 report. However, there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology as administered on 11/25/14, and did not show Ambien which was prescribed, and showed Gabapentin which was not prescribed per 11/25/14 report. No other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.