

Case Number:	CM14-0114838		
Date Assigned:	09/23/2014	Date of Injury:	06/04/1998
Decision Date:	10/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 57-year-old female who has submitted a claim for thoracic and lumbar strain/sprain, degenerative joint disease, and sciatica, associated with an industrial injury date of 06/04/1998. Medical records from September 2001 to July 2014 were reviewed. Patient complained of low back pain. The patient sustained the injury following repeated lifting of medical charts. Pain medications, such as Norco, were given. She has undergone multiple lumbar spine surgeries. Pain still persisted even after the surgery. In 2001 and 2009, she had Magnetic Resonance Imaging (MRI), which demonstrated multilevel degenerative changes with foraminal narrowing. Epidural injections were given but did not help. The patient went through the HELP program, but did not resolve her problems. According to the progress report, dated July 2014, the patient still complained of low back pain, restless leg syndrome, and insomnia. She did not appear to have any myospasms. Physical examination revealed that the range of motion was 80 degrees and about 20 degrees extension. Treatment to date has included pain medications such as Norco (at least since 2001), epidural injections, psychotherapy, HELP (Home Exercise program), acupuncture, chiropractic-physiotherapy, physical therapy, and [REDACTED] pain program. Utilization review from June 30 2014 denied the request for Norco 10/325 mg #180. Guidelines do not recommend long term use of opiates. The patient is able to perform light housework.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy in Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The use of opioids for chronic low back pain is only recommended for short-term pain relief. In this case, the patient was prescribed Norco, at least since 2001; however, the pain was still persistent. It was not stated in the documentation that there is significant functional gain from the medication. Norco usage is warranted in chronic pain if there is significant functional improvement and pain reduction. Validated VAS scale documentation, pain diary scores, and other objective measures of functional improvement, however, were not stated in this case. There was likewise no urine drug screen to monitor medication compliance. Therefore, the request for Norco 10/325 mg #180 is not medically necessary and appropriate.