

Case Number:	CM14-0116574		
Date Assigned:	09/12/2014	Date of Injury:	07/06/2009
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 46-year-old male who has submitted a claim for lumbosacral spondylosis without myelopathy associated with an industrial injury date of July 6, 2009. Medical records from 2014 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to bilateral lower extremities. Pain was rated 6/10 with medications and 10/10 without medications. The least reported pain was 5/10. Examination revealed spasm in the paraspinal musculature, tenderness in the bilateral paravertebral area L1-3 levels, L3-S1, limited ROMs secondary to pain, presence of facet signs and depressed sensory exam in both lower extremities. Treatment to date has included Tizanidine, Butrans patch, Norco, and Gabapentin. Utilization review from July 9, 2014 denied the request for Norco 10/325mg 1 tab po tid #90 with 1 refill because there was no attempt to maximize the patient's antineuropathic pain medication utilization and minimize opioid medication doses.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) 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. In this case, the patient had been taking Norco for pain since at least January 2014. Records show that the patient has derived benefit from this medication in terms of pain reduction (only up to a certain extent) and improvement in functional ability. Adverse effects were explored in the progress notes. A recent urine drug screen was present showing appropriate patient compliance. However, the patient is already using opioids long-term, which the guidelines do not recommend. He had recently started Gabapentin, which is the more appropriate drug for neuropathic pain. Despite this, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg one tab po tid #90 with 1 refill is not medically necessary.