

Case Number:	CM14-0117768		
Date Assigned:	08/06/2014	Date of Injury:	04/30/2009
Decision Date:	10/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 54-year-old male patient diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, and right sacroiliac arthropathy following an industrial injury on 04/03/2009. Mechanism of injury was not provided. A request for Norco 10/325 mg #60 was non-certified at utilization review on 06/23/14, with the reviewing physician noting that chronic opioid use requires ongoing assessment of pain relief, improved function, monitoring of side effects and for potentially aberrant behaviors. It was noted patient had previously been on this medication and there was no information about efficacy to determine appropriateness of continuation. On a 05/29/14 the patient reported complaints of pain in the lumbar spine rated at 7/10 with radiation to the bilateral legs, right worse than left down to the toes with numbness and tingling to the toes. He also reported stiffness of his neck. Previous treatment included physical therapy, MRI of the low back and left shoulder, x-ray of the lumbar spine, injection to the left shoulder, as well as medications. Current medications included Motrin and Norco. Objective findings revealed the patient had an antalgic gait on the right. Heel-toe walking exacerbates the antalgic gait on the right. There is diffuse tenderness over the lumbar paraspinous muscles and moderate facet tenderness at L4-S1 levels. There is positive sacroiliac tenderness, Patrick test, sacroiliac stress test, and Yeoman's tests on the right. Kemps test was positive bilaterally. Seated straight leg raise was positive at 60 on the right and 70 on the left. Supine straight leg raise was positive at 50 on the right and 60 on the left. Farfan test was positive bilaterally. Lumbar range of motion was restricted. There was decreased sensation in the L4-S1 dermatomes on the right and L4-L5 dermatomes on the left. Motor strength was 5/5 bilaterally throughout the lower extremities with the exception of 4/5 at the right toe extensors and knee extensors. Lower extreme and reflexes were 2+ bilaterally throughout. Patient was prescribed Motrin 800 mg 1 tablet twice daily #60, Fexmid7.5 mg 1 tablet 3 times daily #90 and Norco

10/325 mg 1 tablet twice daily #60. It was noted the patient would undergo a urine toxicology screen (results were not provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief as a result of opioid use, such as VAS scores with and without Norco, and no indication of significant functional benefit or return to work. It was noted a urine drug screen was to be performed, but results are not included for review to confirm medication compliance and appropriate screening for aberrant behavior. Subjective and objective benefit is not described in the records provided. Frequency of dosing is not specified in the request. The request for Norco 10/325 mg #60 is not medically necessary.