MAXIMUS Federal Services

Case Number:	CM14-0118545		
Date Assigned:	08/06/2014	Date of Injury:	07/24/2012
Decision Date:	10/16/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 and is licensed to practice in Alabama and Maryland. 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 55 year old female with an unknown date and mode of injury with diagnoses of lower back pain presents to her pain physician on 6/5/14. She continues to complain of low back pain with radicular symptoms to her right lower extremity with numbness and tingling. She reports that pain has been worse since more than a month ago. Objective findings include motor weakness in the right lower extremity compared to the contralateral side. Sensation is also decreased on the right L4-5 nerve distribution. SLR sitting is positive on the right as well. Patient report previous in-office steroid injection to the lumbosacral area which only helped her pain for a few weeks. As part of her work up, a request to continue her Norco 10/325 is made and is being questioned here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: Based on the CA MTUS guidelines, opioids may be efficacious only as a short-term management of lower back pain. Furthermore, opioids are not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. It is not evident from the medical records submitted for this review that the continued use of Norco is medically appropriate for this patient as there is no evidence of significant improvement in pain or function. Long-term use of Norco in this patient increases the risk of frank dependence and addiction, as well as adverse events including tolerance, hyperalgesia, morbidity, and morality. Furthermore, the medical records available do not establish that the patient has exhausted recent attempts to utilize analgesic adjuvants such as SNRI or TCA or Anti-convulsants for her pain. Based on the guidelines stated above and the available medical records, this request is not medically necessary.