

Case Number:	CM14-0124505		
Date Assigned:	08/08/2014	Date of Injury:	08/21/2010
Decision Date:	10/21/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/06/2014

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 Occupational 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 47-year-old male with an 8/21/10 injury date. The mechanism of injury was not provided. A lumbar spine MRI on 3/10/11 showed evidence of prior L1 compression fracture. In a 6/11/14 follow-up, subjective complaints included diffuse lower back pain radiating to the bilateral feet. He reports pain was severe without treatment on a regular basis. He is able to perform his ADL's better and increased level of function. Objective findings included antalgic gait, reduced lumbar range of motion, reduced strength in the hip flexors, inability to heel or toe walk, positive straight leg raise, and decreased patellar reflex. Diagnostic impression: lumbar disc protrusion, back pain with myelopathy. Treatment to date: medications, physical therapy, chiropractic care, acupuncture. A UR decision on 7/18/14 partially certified the request for Norco 10/325 mg #90 to allow for this one approval only for the purpose of weaning, with a reduction of the medication by 10-20% per week over a period of 2-3 months. The rationale was there has been no documented improvement in function or pain and the patient has been using the medication for at least one year. Treatment to date: medications, physical therapy, chiropractic care, acupuncture. A UR decision on 7/18/14 partially certified the request for Norco 10/325 mg #90 to allow for this one approval only for the purpose of weaning, with a reduction of the medication by 10-20% per week over a period of 2-3 months. The rationale was there has been no documented improvement in function or pain and the patient has been using the medication for at least one year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.