

Case Number:	CM14-0128779		
Date Assigned:	08/18/2014	Date of Injury:	07/22/2004
Decision Date:	10/21/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/13/2014

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:

The patient is a 52-year-old male who has submitted a claim for Lumbar Spinal Stenosis and Lumbar Spondylolisthesis associated with an industrial injury date of 07/22/2004. Medical records from January 2014 to July 2014 were reviewed. Latest progress notes dated 07/07/2014 cited patient has ongoing problems in his lumbar spine and in his new L5/S1 disc protrusion. Pain scores and other subjective complaints were not included. Physical examination findings were not included as well. Treatment to date has included medications: Norco 10/325mg 6 pills a day for low back pain, Requip 0.5mg for restless leg, Celexa 20mg, (all since at least January 2014), Voltaren gel, and Depakote ER 1000mg (since at least April 2014). Utilization review from 08/13/2014 denied the request for Norco 10/325mg #180 since medical records contain extremely limited follow-up information regarding the efficacy of opioids prescribed. Weaning recommended. The request for Requip 0.5mg #40 was likewise denied since criteria for use in restless leg syndrome was not met. Weaning recommended as well.

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 Opioids Ongoing Management Page(s): 78.

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

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless 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. In this case, the patient has been taking Norco 10/325mg since at least January 2014. Medical records provided for review did not show documentation of pain relief and functional status. The medical necessity for Norco was not clearly established and results of a toxicology test were not included in the medical documents provided. Therefore, the request for NORCO 10/325mg #180 is not medically necessary.

Requip 0.5 mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ropinirole)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, FDA was used instead. The FDA states that Ropinirole (Requip) is indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) or of the signs and symptoms of idiopathic Parkinson's disease. Patient has been on this medication since at least January 2014. Medical records cited that Requip was being prescribed for restless leg. However, the progress notes do not describe the patient's restless leg symptoms. Additional information is necessary at this time. Therefore, the request for Requip 0.5mg #40 is not medically necessary.