

Case Number:	CM14-0128879		
Date Assigned:	08/18/2014	Date of Injury:	02/08/2003
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
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 Physical Medicine and Rehabilitation, and 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 55-year-old female who sustained a remote industrial injury on 02/08/03 diagnosed with status post anterior/posterior lumbar fusion at L5-S1 and failed back surgery syndrome. Mechanism of injury occurred as the patient lifted a woman into a bathtub and felt a cracking and snapping all over her body, causing immediate pain in her neck, mid back, low back, left shoulder, left elbow, left forearm, left wrist, left hand, left fingers, left leg, left knee, left ankle, and left foot. The request for Norco 7.5/325mg #90 was modified at utilization review to certify Norco 7.5/325mg #60 to allow for weaning because there is a lack of evidence of quantified pain reduction, functional gains, or a return to work with the use of this opioid. The most recent progress note provided is 08/27/14. Patient complains primarily of neck pain that radiates to the bilateral upper extremities and low back pain that radiates to the left lower extremity. Patient reports difficulty doing any housework due to this pain but notes that her current medication is helping. The pain is rated as a 10/10 without medications and a 2/10 with medications. The duration of this pain relief is noted to be five hours. Review of systems is positive for high blood pressure, high cholesterol, joint pain, muscle spasm, sore muscles, thyroid problems, depression, and stress. Physical exam findings reveal decreased and painful range of motion of the lumbar spine; paresthesia in the left L5 and S1 dermatomes; tenderness to palpation with hypertonicity over the bilateral paravertebral musculature of the cervical spine and upper trapezius muscles; and the patient ambulates with a slow guarded gait. Current medications include: Norco 5mg every six hours. It is noted that the patient is scheduled for a pain management consultation and was unable to undergo an MRI scan of the cervical spine because she is claustrophobic. The treating physician is also requesting a urine drug screen to document medication compliance. Provided documents include several previous progress reports, an agreed medical examination dated 12/30/10, an impairment rating report, an agreed medical examination dated 11/10/11, a

previous utilization review dated 03/12/14, a previous utilization review dated 06/04/14, and several requests for authorization. On 03/12/14 and 06/04/14, the peer reviewers modify requests for Norco 10/325mg #120 to certify a smaller number of Norco 10/325mg to allow for tapering because the patient has been prescribed this medication since at least April 2013 without documentation of significant relief or return to work. In an appeal to this utilization review denial dated 03/24/14, the treating physician highlights that the patient does experience pain relief with the use of Norco. The patient's previous treatments include medications, epidural steroid injections physical therapy, a nerve stimulation unit, chiropractics, aqua therapy, spinal cord stimulator, and lumbar fusion surgery. Diagnostic studies provided include an EMG/NCS of the upper extremities, performed on 04/17/14, which reveals unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

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

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does highlight a pain reduction from a 10/10 to a 2/10 with current medications, but there is no quantifiable documentation of any functional improvement. There is also no documentation of a pain contract on file, what side effects the patient experiences with the use of Norco, and the date/results of the previous urine drug screen are not provided. Further, several previous utilization reviews recommend the weaning of Norco but the treating physician does not document whether any attempts at tapering have proved successful or not. Due to this lack of satisfying the "4 A's" of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, the ongoing use of chronic opioids is not supported by MTUS guidelines. The request is not medically necessary.