

Case Number:	CM14-0164328		
Date Assigned:	11/13/2014	Date of Injury:	03/14/2003
Decision Date:	12/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 41 year-old male with the date of injury of 03/14/2003. The patient presents with pain in his lower back, radiating down his legs bilaterally with tingling or numbing sensations. The patient rates his pain as 7-10/10 on the pain scale, depending on the intake of medication. The patient ambulates with a SPC with an antalgic gait pattern. There is severe tenderness over the bilateral lumbar paraspinal muscles. MRI of the lumbar spine from 11/09/2013 reveals 1) posterior spinal dysraphism at L4-5 to L5-S1 levels with TIW hypointense 2) Disc herniation at L4-5 to L5-S1 3) Annular fissure at L4-5 4) straightening of the lumbar lordotic curvature. Per 05/02/2014 progress report, the patient is taking MS Contin, Norco and Soma. Per 09/17/2014 progress report, the patient is permanent and stationary. Diagnoses on 09/17/2014 1) Post laminectomy syndrome of lumbar region 2) Displacement of lumbar intervertebral disc without myelopathy. The utilization review determination being challenged is dated on 09/30/2014. Treatment reports were provided from 01/09/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89,78.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremities. The patient is s/p laminectomy. The request is for Norco 10/325mg #180. The patient has been utilizing Norco 10/325mg q4h since at least 01/09/2014. Per utilization review letter on 09/30/2014, the patient has been utilizing opioids since at least 07/21/2012. MTUS guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no discussions regarding all 4A's; No Cures or UDS reports, for example. MTUS also required the use of a validated instrument to describe functional improvement at least once every 6 months which is not provided. "Pain assessment" issues are not provided as required. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.