

Case Number:	CM14-0164395		
Date Assigned:	10/09/2014	Date of Injury:	08/09/2013
Decision Date:	12/19/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/07/2014

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:

The patient is a 43-year-old male who has submitted a claim for sprain of lumbosacral joint associated with an industrial injury date of August 9, 2013. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the neck, low back, left leg and left arm. Medications allegedly helped reduce the patients' pain, increased his function and improved his sleep. Examination of the lumbar area revealed decreased ROM and mild tenderness, lower extremity muscle testing revealed 5/5, except in the left L4-S1 distribution, which is only 4/5. Gait was slowed and wide-based. An MRI of the LS spine revealed right and left lateral recess stenosis at L5-S1, which appears severe, probably entrapping the right and left S1 nerves. There is also neural foraminal stenosis at L5-S1, severe on the left and moderate on the right. Treatment to date has included medications (including opioids since at least March 2014), transcutaneous electrical nerve stimulation (TENS) and chiropractic care. The utilization review from September 18, 2014 modified the request for Norco 10/325 1 PO prn for severe pain, from #45 to #30, because there was no documentation of substantial improvement in function and activities of daily living with opiate therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 PO PRN for severe pain #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 75-78.

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

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking opioids for pain since at least March 2014. Although it is noted in the documentation that the patient experiences pain relief and improvement in function and sleep on Norco, the other criteria for ongoing chronic opioid use were not met. There is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325 1 PO PRN for severe pain #45 is not medically necessary.