

Case Number:	CM14-0210772		
Date Assigned:	12/23/2014	Date of Injury:	01/05/2007
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 54-year-old female with an injury date of 01/05/2007. Based on the 10/08/2014 progress report, the patient complains of having pain in her lower back, left lower extremity, and her left knee. She has a slightly antalgic gait. In regards to her upper extremity, the patient has a positive Tinel's over her bilateral wrist, slight weakness of the right abductor pollicis brevis and slight decrease in sensory along the median nerve. The lower back has mild lumbar paraspinous tenderness. She has a positive straight leg raise on the left at 60 degrees and persistent tenderness to palpation over the medial/lateral joint line of the left knee. She has stiffness with range of motion. The 10/20/2014 report indicates that the patient has constant low back pain, bilateral hand, and wrist pain. No new exam findings are provided on this report. The 11/05/2014 report indicates that the patient continues to complain of her low back, left lower extremity, and left knee. The patient has a decreased sensory in the left L5 dermatome. The patient's diagnoses include the following: 1. Lumbar spine sprain/strain with lumbar disk protrusion, degenerative disk disease, degenerative spondylosis. 2. Bilateral lower extremity radicular symptoms, left greater than right. 3. Status post bilateral carpal tunnel release and left trigger thumb. 4. Left knee internal derangement. The utilization review determination being challenged is dated 11/26/2014. Treatment reports were provided from 09/03/2014 - 11/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG TABS 150: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Section On Chronic Pain Under Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents with pain in her lower back, left lower extremity, and left knee. The request is for Norco 10/325 mg tablets 150. The utilization review denial rationale is that "it does not appear long-term use of narcotic medication has been significantly beneficial for this claimant." In regards to her upper extremity, the patient has a positive Tinel's over her bilateral wrist, slight weakness of the right abductor pollicis brevis and slight decrease in sensory along the median nerve. The lower back has mild lumbar paraspinous tenderness, she has a positive straight leg raise on the left, and persistent tenderness to palpation over the medial/lateral joint line of the left knee. MTUS Guidelines pages 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 4 A's (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. The patient has been taking Norco as early as 09/03/2014. The 09/10/2014 report states that the patient rates her pain as a 5/10 with medications and a 9/10 without medications. "The patient notes 40% improvement in pain levels and 30% improvement in function with her current medication regimen. She states she is able to perform her activities of daily living. She notes improved ability to walk and stand for 40 minutes longer than without the use of medication. She is also able to perform her self-care needs including dressing and bathing herself, preparing her meals, perform grocery shopping and light household chores. The patient denies any intolerable side effects. She continues to utilize medications as prescribed. She demonstrates no Drug-seeking behavior. The patient has undergone urine drug screening, which shows evidence of compliance. She has signed a pain medication contract. The patient has completed an opiate risk assessment profile and was found to be at moderate risk for opiate abuse. The 10/08/2014 report states that the patient rates her pain as a 7/10 with medications and a 10/10 without medications. The 11/05/2014 report states that the patient rates her pain as a 6/10 with medications and a 10/10 without medications. In this case, all 4 A's were clearly addressed. However, the patient does not present with a diagnosis for which chronic use of opiates are indicated. The patient's main diagnosis is lumbar spondylosis for which only a short-term opiate use is recommended. For arthritis pain, long-term use of opiates are not indicated either. No nociceptive pain with on-going tissue destruction is noted. Given the lack of indication for chronic opiate use, the request IS NOT medically necessary.