

Case Number:	CM14-0217743		
Date Assigned:	01/07/2015	Date of Injury:	08/02/2000
Decision Date:	03/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/29/2014

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 & Rehabilitation

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 injury date of 08/02/00. Per physician's report 12/01/14, the patient has neck pain and low back pain at 2-7/10. The patient has had aquatic therapy with moderate improvement. Flexeril decreases pain and/ or spasm by 30%. Trazadone decreases depression by 40%. Lidoderm patches decreases pain by 30%. The patient is in the maintenance phase of opioid therapy and will be likely to require long term opioid therapy for control of their non-malignant pain. Norco decreases pain by 40%. CURES was positive for Norco 7.5/3 to 5 from a dentist. The patient is currently taking Cyclobenzaprine, Hydralazine, Lidoderm patch, Norco 10/325mg, Norco 5/325mg and Trazodone. The patient is currently working full time. The lists of diagnoses are: 1) Lumbar post-laminectomy syndrome 2) Degeneration of cervical intervertebral disc 3) Sprain of ligament of lumbosacral joint 4) Chronic pain syndrome Per 09/23/14 progress report, the patient has low back pain at 6/10. The patient continues to see a psychiatrist. Flexeril was discontinued. Per 07/10/14 progress report, the patient had marked loss of lumbar range of motion in all fields with marked tenderness in the lumbar paraspinous muscles. The utilization review determination being challenged is dated on 11/24/14. Treatment reports were provided from 04/09/14 to 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, Criteria for Use Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient has pain and weakness in his neck, lower back and lower extremity. The request is for HYDROCODONE 5/325mg ACETAMINOPHEN #60 REFILLS X2. The patient is currently taking Cyclobenzaprine, Hydralazine, Lidoderm patch, Norco 10/325mg, Norco 5/325mg and Trazodone. The patient has been utilizing Norco since at least 04/09/14. The 12/01/14 progress report indicates that Norco decreases pain by 40% without adverse side effects. Regarding chronic opiate use, MTUS guidelines page 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 4A'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. In this case, the treater provides CURES report, analgesia and addresses side effects. However, there are no discussions regarding specific ADL's to show a significant functional improvement. No UDS's are provided as part of opiate monitoring. No outcome measures and no validated instruments are used showing improvement with the use of the opiate. The request IS NOT medically necessary and should be slowly tapered per MTUS.