

Case Number:	CM13-0012588		
Date Assigned:	06/06/2014	Date of Injury:	10/23/2002
Decision Date:	07/23/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/12/2013

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 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 injured worker is a 48-year-old male with a reported date of injury on 10/23/2002. The mechanism of injury was not submitted within the medical records. His previous treatments were noted to include medications, physical therapy, ice versus heat locally, a sacroiliac joint steroid injection, and surgeries. His diagnoses were noted to include post lumbar laminectomy syndrome, lumbar facet syndrome, and low back pain. The progress note dated 04/18/2014 reported the injured worker complained of lower back pain that had increased since the last visit. The medications were noted to include Gabapentin 800 mg 1 three times a day, Kadian ER 80 mg 1 daily, Skelaxin 800 mg 1 four times a day as needed, and Norco 10/325 mg 1 three times a day as needed. The physical examination of the lumbar spine revealed loss of normal lordosis with straightening of the lumbar spine and surgical scarring. The range of motion was restricted with pain and upon palpation; paravertebral muscles, spasm, tenderness, tight muscle band, and trigger point were noted along both sides. Lumbar facet loading was positive on both sides and straight leg raise test was positive for both sides. The motor examination was noted to be 5/5 and upon examination of the deep tendon reflexes ankle jerk was 1/4 on the right side and 2/4 on the left side. The request for medical necessity from dated 10/11/2013 is for Norco 10/325 mg tablets take 1 four times a day as needed #120 for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORCO 10/325MG #120: Upheld

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

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

Decision rationale: The request for 1 prescription of Norco 10/325 mg tablets #120 is not medically necessary. The injured worker has been taking this medication since at least 12/2012. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, approved medication use, and side effects. The Guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numerical scale, improved functional status while utilizing this medication, side effects, and it is unclear whether the injured worker has had consistent urine drug screens since the last urine drug screen was performed in 02/2012. Therefore, due to the lack of evidence regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.