

Case Number:	CM13-0014960		
Date Assigned:	10/09/2013	Date of Injury:	08/06/1998
Decision Date:	01/22/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain 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 physician 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 60-year-old male who reported an injury on 08/06/1998. The mechanism of injury was noted to be prolonged lifting and restacking boxes of juice. His diagnoses include status post anterior lumbar interbody fusion at L4-5 and L5-S1, and herniated nucleus pulposus at L3-4 on the left side with mild stenosis. His symptoms include low back pain with radiation to his right leg. Objective findings include tenderness in the lower lumbar paravertebral musculature, decreased range of motion of the lumbar spine, normal motor strength in the lower extremities, negative straight leg raise testing, and decreased sensation to pinprick in the right lower extremity below the knee. His medications were noted to be Ultram 50 mg 1 tablet 4 times a day and Norco 5/325 mg 1 at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro - Norco /325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that for patients on opioid medications, ongoing management should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Additionally, specific documentation of the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, is required. The documentation submitted for review failed to provide detailed documentation of ongoing review and monitoring of opioid medications as required by the California Guidelines. With the absence of this detailed documentation, the request is not supported. For this reason, the request for Retro, Norco 5/325mg, 1qhs, #30 is non-certified.

Retro - Ultram 50mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state that for patients on opioid medications, ongoing management should include review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Additionally, specific documentation of the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, is also required. The documentation submitted for review failed to provide detailed documentation of ongoing review and monitoring of opioid medications as required by the California Guidelines. With the absence of this detailed documentation, the request is not supported. For this reason, the request for Retro, Ultram 50mg, 1 tab qid, #120 is non-certified.