MAXIMUS Federal Services

Case Number:	CM13-0045740		
Date Assigned:	12/27/2013	Date of Injury:	03/08/2011
Decision Date:	06/02/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Practice 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 represented injured worker is a 35 year old male injured on 03/08/11. The injury is reported as a slip and fall while welding which resulted in sharp pain in the lower back. The current diagnoses include herniated nucleus pulposus and degenerative disc disease. The clinical documentation indicates the patient has failed previous treatment to include physical therapy, epidural steroid injections, modification of activity, steroid use, and laminectomy/discectomy L3-S1 on 02/08/12. The previous medications were unsuccessful; Dilaudid, Valium, and OxyContin. The most recent complaints include low back pain, worsening left leg pain, and radicular symptoms. The patient was initially able to return to work but is not requesting to be reduced to modified work status due to his increase in pain level. The patient is currently taking Norco 10/325mg 1-2 tablets every 4-6 hours as needed and Soma 350mg three times daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 74-80.

Decision rationale: As noted on pages 74-80 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications, Soma and Norco. In addition to no recent opioid risk assessments regarding possible dependence or diversion; the September 30, 2013 progress note from [redacted] shows the intent to start weaning the injured worker off opioids and decrease Norco dosage, there is no available data showing this ever occurred. Moreover, the patient requested a reduction in work status secondary to increased pain indicating a lack of medication efficacy. The clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. Therefore based on the guidelines and review of the documents, the request for Norco 10/325mg with three refills is not medically necessary.