

Case Number:	CM13-0046559		
Date Assigned:	12/27/2013	Date of Injury:	02/13/2009
Decision Date:	08/06/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/01/2013

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 61 year old male who was injured on 02/13/2009 while he was trying to prevent a bean from falling pulling it towards his body. Prior treatment history has included 9 sessions of acupuncture therapy. The patient has been on Norco since at least 2012 as indicated by the toxicology report dated 08/31/2012. He has also been on Risperdal 350 mg. an orthopedic evaluation dated 08/22/2013 indicated the patient complained of low back pain rated as 6-7/10. He reports the pain increases with movement to 8/10 or if he forgets to take his medication. On exam, the lumbar spine range of motion is restricted in flexion and extension with 25 degrees, left lateral bending and right lateral bending is restricted by 20 degrees; left rotation and right rotation restricted to 15-20 degrees. Straight leg raise is positive at 70 degrees bilaterally for back stiffness and back pain. Deep tendon reflexes are 2+/4 at L4 and S1 bilaterally. He has a diagnosis of degenerative lumbar or lumbosacral intervertebral disc disorder, lumbar sprain/strain, sacrum sprain/strain. His medications were refilled included Risperdal 350 mg #90 and Hydrocodone and acetaminophen 10/325 mg #60 with two refills. Prior utilization review dated 10/15/2013 states the request for 60 Norco 10/325 mg with 2 refills partially certified and has been modified to Norco 10/325 mg #36 with the remaining 24 pills and 2 refills non-certified. A previous trial of opioid therapy was unsuccessful and tapering was recommended. The patient appears to be taking the weaning process well as he showed no signs of withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 10/325MG WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hydroxicodone/Acetaminophen; Low Back Disorders, Opioids.

Decision rationale: Per the ODG guidelines for low back disorders, opioids are not recommended except for short use for severe cases, not to exceed 2 weeks. The MTUS guidelines state that on-going management of opioids should include on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The provided documented histories from progress notes on 5/28/13 and 8/22/13 do not fulfill the above requirements for ongoing opioid prescription. Therefore the request is not medically necessary.