

Case Number:	CM13-0052161		
Date Assigned:	06/09/2014	Date of Injury:	08/10/2000
Decision Date:	07/30/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 49-year-old male with a date of injury of 8/10/00. The injury occurred when the injured worker was struck in the head by an 8 foot length of rebar which weighed approximately 20 pounds. His diagnoses include chronic pain syndrome, cervicgia, lumbar spinal stenosis, chronic lumbar back pain, lumbar radiculopathy/neuritis, cervical/lumbar degenerative disc disease, right shoulder pain, status post treatment of a head injury, tinnitus, depression, and generalized anxiety disorder. His previous treatments include lumbar epidural steroid injection, medication, surgery, cervical epidural steroid injection, and psychiatric treatment. The progress note dated 3/24/14 reported the injured worker revealed his back and right leg radicular symptoms were his worst pain. The injured worker revealed he had a lumbar epidural steroid injection that reduced his pain by 50% lasting for 12 months. The injured worker complained of pain to his head, neck, right shoulder, thoracic spine, right hip, and bilateral low back. The injured worker reported with medications the least pain was 8/10, the average pain was 4/10, and the worst pain was 8/10. The injured worker also reported without medications, his least pain was 4/10, the average pain was 6/10, and the worst pain was 10/10. The injured worker reported he cannot go out without assistance, and does not use assistive devices. The physical examination revealed no evidence of over medication, sedation, or withdrawal symptoms. A decreased back range of motion due to pain was noted, with right leg radicular symptoms, positive straight leg test, positive numbness to the L5 distribution, and strength rated 4/5. The provider reported the injured worker would start to decrease his Norco medication and methadone 5 mg was added to the medication regimen. His medications were noted to include Dolophine 5 mg, cyclobenzaprine 10 mg, Norco 10/325 mg, Senna 8.6/50 mg, Zoloft 100 mg, Strattera 60 mg, Adderall tablets, Silenor tablets, and Provigil tablets. The provider reported the

injured worker's urine drug test was appropriate with medication prescribed and negative for illicit drugs or medications not prescribed to him.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker has been taking this medication since at least April 2013. 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, appropriate 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. The injured worker reported his average pain was 4/10 with medications and 6/10 without medications. The injured worker indicated he could not go out without assistance and did not use assistive devices; however, it did not specify with or without medications. No adverse effects with the use of medications were noted. The documentation indicated the injured worker had not shown any aberrant drug taking behaviors; however, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, due to the lack of documentation regarding increased function and without details regarding urine drug testing and verified 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.