

Case Number:	CM13-0053367		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2006
Decision Date:	08/06/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational 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 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:

This is a 46 year-old male with a 2/27/06 date of injury after being pinned under a forklift. The patient was diagnosed Herniated Nucleus Populous at L4/5 and was felt to be too unstable to undergo surgery given a recent coronary bypass with stents in November of 2012. The patient was seen on 10/14/13 with complaints of low back pain with radiation to the legs bilaterally. Exam findings revealed decreased lumbar range of motion with positive facet loading. Medications include Oxycodone (Roxycodone 30 mg 6 tablets daily, and Ocycotnin 80 mg daily), Norco 10/325 8-10 tablets daily, Anaprox, Wellbutrin, Soma, and Prilosec. The diagnosis is HNP at L4/5 and L5/S1 with central and foraminal stenosis, and left lower extremity radiculopathy. Treatment to date: medications, intrathecal pain pump, SCS, acupuncture, trigger point injections, epidural injections. An adverse determination was received on 10/8/13 given there was no documentation regarding functional gain with the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (opiates)
Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has a 2006 date of injury and is on chronic opiate management including Norco 8-10 tablets daily, Roxycodone 30 mg 6 tablets daily, and Oxycontin 80 mg daily (discontinued at the time of the 10/14/13 progress note). Even with the discontinuation of the Oxycodone, the MED is 280, which puts the patient at high risk for an adverse drug reaction. There is insufficient documentation to support opiate doses that high in this patient. No description of ongoing functional improvements have been documented with these medications. Therefore, the request for Norco #300 was not medically necessary.