

Case Number:	CM13-0053487		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2006
Decision Date:	03/10/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 40-year-old male with a date of injury of December 12, 2006. The patient has a diagnosis of failed back surgery syndrome and has a history of interbody fusion and microdiscectomy. The patient continues with lumbar radiculitis, psychiatric complaints, constipation, urinary complaints, and gastrointestinal upset area. The progress notes indicate that the medications help reduce the low back pain to a level of eight out of 10. Urine drug testing has been confirmed to verify compliance. This includes a specimen collected on December 5, 2012. The disputed request is a prescription of Norco 10/325 mg. A utilization review determination had modified this request to allow only 42 tablets rather than 120 tablets that were originally requested. The utilization review team had attempted to contact the requesting provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norco 10/325mg #120: 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): 76-80.

Decision rationale: In the case of this injured worker, the MTUS Chronic Pain Guidelines' criteria for ongoing monitoring of opiate medication have not been met. Specifically, the functional benefit of narcotic pain medication was not adequately described in the submitted documentation. Although there has been monitoring of aberrant behaviors, analgesic efficacy, and side effects from medication, functional benefit is a part of ongoing opiate monitoring according to the MTUS Chronic Pain Guidelines. The medical records provided for review indicate the patient suffers from constipation, although it is unclear whether this is directly attributed to narcotics. The progress notes indicate that the medications help reduce the patient's low back pain to a level of eight out of 10. Urine drug testing has been confirmed to verify compliance. This includes a specimen collected on December 5, 2012. Given the lack of documentation, the request for the full prescription of 120 tablets of Norco is not medically necessary and appropriate.