MAXIMUS Federal Services

Case Number:	CM13-0067501		
Date Assigned:	01/03/2014	Date of Injury:	05/05/2011
Decision Date:	05/20/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/18/2013

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 51-year-old male with a reported date of injury of 5/5/11. The mechanism of injury was not provided in the medical records for review. The injured worker was diagnosed with 1st degree spondylolisthesis at L5-S1, and herniated nucleus pulposus at L2-3. The injured worker was seen on 10/24/13 with complaints of back pain; however it was noted he was tolerating the symptoms. There was no physical exam performed on 10/24/13. It was recommended that the injured worker continue light duty work status with restrictions of a lifting limit of 15 pounds, no climbing or bending, and sitting down 15 minutes per hour. The injured worker was seen on 9/17/13 for an AMA impairment rating. The physician noted that the injured worker reported that back pain was made worse by bending and lifting activities as well as prolonged sitting. The physician noted the injured worker had a first degree spondylolisthesis which the physician noted had not shifted in the time since he had last seen the injured worker. The provider noted that an MRI showed evidence of a rather substantial and impressive disc herniation 2 levels up. Lumbar spine x-rays noted first degree spondylolisthesis L5 on S1, multilevel disc space narrowing. Upon examination the physician noted slight to moderate tenderness to the lumbar spine. Range of motion to the lumbar spine was flexion 30 degrees, extension 5 degrees, and right/left lateral bends 15 degrees. The patient was noted to have moderate to severe pain with all range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 NORCO 7.5/325MG: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend ongoing management, review and documentation of pain relief, functional status, appropriate medication use, and side effects when prescribing opioids. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines note four domains as the most relevant for monitoring of chronic pain patients utilizing opioids. The four domains are pain relief, side effects, physical/psychosocial functioning, and occurance of potatentially aberrant (or nonaberrant) drug related behaviors; these domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should effect therapeutic decision and provide a framework of documentation of the clinical use of these controlled drugs. The documentation provided did not include an adequate and complete assessment of the injured workers pain. There was a lack of documented symptomatic and functional improvement with the medication use. Additionally, the request did not indicate the frequency at which the medication was prescribed in order to determine the necessity of the medication. Based on the information provided, medical necessity for Norco has not been established. Therefore, the request is not medically necessary.