

Case Number:	CM13-0068178		
Date Assigned:	01/03/2014	Date of Injury:	06/14/2013
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/19/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 29-year-old male who reported an injury on 06/14/2013. The mechanism of injury was noted to be while making a left turn, the water truck wheels went into an irrigation ditch. The patient was restrained, and the truck made an immediate stop. The patient had neck and lower back pain immediately after the accident. The patient was diagnosed with a lumbar sprain and thoracic sprain. The patient's symptoms include a pain level of 8/10. The patient stated that the pain was constant and aggravated by bending or getting up. The physical examination revealed no tenderness or spasm in the paravertebral muscles. The deep tendon reflexes were normal and symmetrical in the lower extremities. Sitting and supine straight leg raise test were negative on both sides. Muscle strength was normal in both lower extremities. The patient's range of motion of the back was noted to be forward flexion of 80 degrees, extension to 0 degrees, lateral bend right to 0 degrees and lateral bend left of 0 degrees. It was noted that the patient was able to get up from a supine position without any discomfort or assistance from his upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 TABLETS OF NORCO 5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids (Hydrocodone), Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status and the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects and aberrant drug-taking behaviors. The most recent clinical note indicated that the patient stated he had not taken any medications for pain over the last 2 weeks. The patient stated he was not intending to take any muscle relaxers, such as Flexeril, to assist with sleep disturbances. The patient was requesting pain medications with no interest in taking ibuprofen or similar medications. In addition to that, the documentation failed to provide evidence of increased function with the use of opioids and whether there had been reported adverse effects or aberrant drug-taking behaviors. In the absence of a detailed documentation, as required by the guidelines, for the ongoing use of opioid medications, the request for 120 tablets of Norco 5/325 mg is not medically necessary and appropriate.