

Case Number:	CM14-0002215		
Date Assigned:	01/24/2014	Date of Injury:	04/01/2008
Decision Date:	06/26/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/07/2014

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 injured worker is a 34-year-old male who reported an injury on 04/01/2008, secondary to an unknown mechanism of injury. His diagnoses include L5-S1 disc herniation with disc disease and radiculitis. The injured worker underwent a revision of an interbody cage and decompression of the L4-5 nerve roots on 07/18/2012. He was treated with physical therapy, a home exercise program, and a back brace. The injured worker was evaluated on 12/09/2013 and reported 8/10 pain in the lumbar spine radiating to both lower extremities. It was noted that the injured worker had been taking Norco, and he reported no improvement in his pain level. Other medications were noted to include Dyotin SR 250 mg, 1 to 2 tablets at bedtime; as well as Soma 350 mg, 1 tablet every 12 hours as needed. According to the medical records submitted for review, the injured worker had been treated with Norco and Soma since at least 10/08/2012. On physical examination, the injured worker was noted to have a bilateral positive straight leg raise with intact neurovascular status. The injured worker was recommended for a refill of Norco, as well as Dyotin and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Norco 10/325 mg #180 is non-certified. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects in order to warrant continued opioid use. The injured worker reported 8/10 lumbar spine pain radiating to the lower extremities. It was noted that he had been taking Norco as needed, and he reported no improvement in his pain level. It was also noted that the injured worker had used Norco since at least 10/08/2012. The most recent medical records submitted for review failed to indicate quantifiable pain relief and objective functional improvement with the use of Norco. Therefore, there is insufficient evidence to indicate that the injured worker would benefit from continued use of Norco. Furthermore, the evidence-based guidelines recommend periodic urine drug screens to monitor for the occurrence of any potentially aberrant drug-related behaviors. The most recent urine drug screen was collected on 04/30/2013. The documentation submitted for review fails to provide a recent drug screen to document appropriate medication use. As such, the request for Norco 10/325 mg #180 is non-certified.