

Case Number:	CM14-0004064		
Date Assigned:	04/25/2014	Date of Injury:	08/29/2006
Decision Date:	05/29/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is an employee of [REDACTED] who filed a claim of low back pain associated with industrial injury date of 08/29/2006. Treatment to date includes MRI which showed multilevel degenerative changes and a protrusion at L5/S1, therapeutic lumbar epidural steroid injections, on-going home exercise program, transcutaneous electrical nerve stimulation (TENS) therapy. Medications include Norco 10/325 mg/tablet and Neurontin 300mg/capsule which were prescribed since November 2013. Medical records from 2013-2014 were reviewed which showed persistence of low back pain with a pain scale of 7/10 without medications and 3/10 with medications which radiates to bilateral lower extremities. There was reported limitation in activity, ambulation, sleep and sex. Physical examination revealed decrease range of motion of the lumbar spine secondary to pain, spinal vertebral tenderness noted at the L4-S1 level, lumbar myofascial tenderness noted on palpation. Straight leg raise was positive. Utilization review from December 2, 2013 denied the request of Norco 10/325mg #90 because according to CA MTUS Medical Treatment Guidelines regarding opioids, there is a need for documentation regarding physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. However, it was not submitted in the records for review. In addition, there is no mention or report of a urine drug screen. As such, the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, QUANTITY: 90: Upheld

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

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

Decision rationale: Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco since 2013. Although patient has improvement in pain scale upon taking Norco, records did not mention any drug screening done to monitor its side effects and the occurrence of any drug related aberrant behaviors. Therefore, the request for Norco 10/325mg is not medically necessary. Disclaimer: MAXIMUS