

Case Number:	CM14-0006674		
Date Assigned:	05/23/2014	Date of Injury:	07/05/2011
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 Family Medicine, and is licensed to practice in Arizona and Utah. 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 38 year-old male. The patient's date of injury is 07/05/2011. The mechanism of injury is unclear according to the clinical documents. The patient has been diagnosed with lumbar spine pain, lumbar disc degeneration, L4-L5 radiculopathy, and lumbar spine surgery on 9/28/12 with possible delayed union. The patient's treatments have included surgery and medications. The physical exam findings show tenderness over the lumbosacral area, and what was reported as mild paraspinal spasms in the back. The patient was also noted to have a lumbar surgical scar, well healed. Lumbar flexion was noted to be at 20 degrees, with lateral bending at 20 degrees bilaterally. The patient is noted with some tightness in the hamstrings. Medications have included, but are not limited to, Abilify, Percocet, Dendracin, Mirtazipine, and Norco. The request is for Norco. It is unclear the exact dates of when this patient started this medication, and the outcomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325MG #60 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. According to the documentation provided, there has been no significant worsening in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. The documents state that the patient was doing better, and was attempting to wean off of the narcotic medications. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated as a medical necessity to the patient at this time. The request is not medically necessary and appropriate.