

Case Number:	CM14-0006871		
Date Assigned:	02/05/2014	Date of Injury:	07/02/2007
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, 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 Physician 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 61-year-old female who reported injury on 07/02/2007. The mechanism of injury was the injured worker was changing a diaper on a patient when she went from the right side of the bed to the left side and stumbled and slipped on a wet floor. The injured worker hit the floor, landing on her back, and hit her hip on the trashcan. The documentation of 12/18/2013 revealed the injured worker had been attending a health club 3 times a week for water aerobics, and 2 times a week to walk on the treadmill. The injured worker lost 4 pounds since prior evaluation. The injured worker underwent a right total knee replacement on 06/19/2013 that was not part of the injury claim according to the documentation. The injured worker indicated that her low back symptoms had increased since the last evaluation. The injured worker had low back pain radiating around the waistline into the left groin region which continued to radiate to the buttocks and down both of the legs which extended to the calves associated with numbness and tingling in both of her legs and feet with minimal swelling of the leg. The medications included 12 tablets of Norco per day. The diagnoses included moderate degenerative disc disease and severe facet spondylosis of the lumbar spine at L4-5 associated with grade 1 degenerative spondylolisthesis as well as mild degenerative disc disease and severe facet spondylosis at L5-S1 associated with a minimal grade 1 degenerative spondylolisthesis plus bilateral lower extremity radiculitis, post traumatic arthritis of both hip joints, severe exogenous obesity associated with hypertension, diabetes mellitus and heart disease, degeneration of the lumbar/lumbosacral IV disc, lumbosacral spondylosis, acquired spondylolisthesis, other joint derangement other sites, unspecified thoracic/lumbosacral neuritis radiculitis, osteoarthritis local primary pelvis, traumatic arthropathy in the pelvis and thigh, and benign essential hypertension, diabetes uncomplicated type 2. The treatment plan included a possible repeat MRI and spine x-rays when the injured worker was closer to the weight loss goal, which would be around 220

pounds. The injured worker was encouraged to continue her weight loss program. The prescriptions included Norco 10/325 and Colace 100 mg to use as a stool softener because of the constipation created by the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QTY: 600.00: 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 Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation the injured worker is being monitored for aberrant drug behavior. Additionally, there should be documentation of an objective decrease in pain and documentation the injured worker is being monitored for side effects. The cumulative dosing of all opiates should not exceed 120 mg of oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 7 years. There was a lack of documentation of the objective functional benefit and an objective decrease in pain. The injured worker was being monitored for aberrant drug behavior and side effects. The dosing of opiates at 12 pills per day would be 120 mg of oral morphine equivalent per day. The physician documented the injured worker was utilizing 12 pills per day, which would equal 360 tablets for 1 month. There was a lack of documentation indicating a necessity for 600 tablets for a one month supply. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #600 is not medically necessary.