MAXIMUS Federal Services

Case Number:	CM14-0101346		
Date Assigned:	07/30/2014	Date of Injury:	03/22/2002
Decision Date:	09/09/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported injury on 03/22/2002. The mechanism of injury was the injured worker was struck by several heavy boxes that fell off a forklift landing on his back and knocking him to the ground. The injured worker underwent a lumbar spine decompression and fusion at L4-5 and L5-S1. The injured worker's prior treatments included an implanted spinal cord stimulator, Percocet, aquatic therapy, deep breathing, NSAIDs, muscle relaxants, Ambien, antidepressants, and Prilosec 20 mg. The opiates were noted to be used at least since 04/2013. The documentation of 05/21/2014 revealed the injured worker had greater than 50% relief of pain and improvement in activities of daily living with the opioids. The urine drug screens were being performed to assess for medication compliance, risk of addiction, misuse or abuse of medications and or aberrant drug behavior and the injured worker had a signed pain management contract. The documentation of 04/02/2014 revealed the injured worker's pain was controlled with a combination of trigger point injections and medications. The objective findings revealed the injured worker had multiple myofascial trigger points and taut bands throughout the cervical paraspinals, trapezius, levator scapulae, scalene, infraspinatus thoracic and lumbar paraspinal musculature and the gluteal muscles. The straight leg raise was positive bilaterally at 20 degrees on the right and 10 degrees on the left. The Lasegue's test was positive. Sensation to fine touch and pinprick was decreased in the lateral aspect of the left thigh. The left foot dorsiflexion was decreased at -5/5. The diagnoses included status post placement of spinal cord stimulator, status post lumbar decompression and fusion L4-5 and L5-S1, chronic myofascial pain syndrome of the cervical and thoracolumbar spine and status post arthroscopic surgery of the left shoulder for torn rotator cuff with impairment in ranges of left

shoulder. The treatment plan included Norco 10/325 mg 1 tablet every 4 hours #180 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

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 objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. There was documentation the injured worker had utilized the medication since 2013. However, the request, as submitted, failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Norco 10/325 #180 with 1 refill is not medically necessary.