MAXIMUS Federal Services

Case Number:	CM14-0107762		
Date Assigned:	08/01/2014	Date of Injury:	10/18/2009
Decision Date:	09/09/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/11/2014

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 Texas and Ohio. 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 43-year-old female with a reported date of injury of 10/18/2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include laminectomy, cauda equina syndrome, systematic lupus erythematosus, kidney transplant, postlaminectomy syndrome, spondylolisthesis, spinal stenosis, severe foraminal L4-5, neuropathic pain, and radiculopathy. Her previous treatments were noted to include medications. The progress note dated 10/25/2013 revealed the injured worker complained of increased musculoskeletal pain and had a new pain in her right 2nd distal interphalangeal joint. Her medications were noted to include aspirin 81 mg daily, azathioprine 15 mg daily, calcitriol 0.5 mcg 3 times a week, citalopram 10 mg every morning, gabapentin 300 mg 2 times a day, hydrochlorothiazide 25 mg in the morning, Hydroxychloroquine 200 mg 2 times a day, metoprolol XL 50 mg daily, omeprazole 20 mg 2 times a day, prednisone 5 mg daily, and tacrolimus 3 mg in the morning and 2 in the evening. The physical examination revealed no edema to the extremities. The request for authorization form was not submitted within the medical records. The retrospective request is for Norco 10/325 mg, 1 to 2 every 4-6 hours as needed for severe pain #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325, 1-2 every 4-6 hours as needed for severe pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids,specific drug list, Opioids,criteria for use, and Weaning of Medications Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78..

Decision rationale: The retrospective request for Norco 10/325 mg, 1 to 2 every 4 to 6 hours as needed for severe pain #120 is non-certified. The injured worker has been utilizing this medication for back pain. According to the California MTUS Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 As for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. There is a lack of documentation regarding evidence of decreased pain on a numeric scale with medications. There is a lack of documentation regarding improved functional status with activities of daily living with the use of the medications. There is a lack of documentation regarding side effects. There is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of documentation of significant pain relief, increased function, side effects, and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.