

Case Number:	CM14-0121072		
Date Assigned:	09/16/2014	Date of Injury:	01/09/2014
Decision Date:	10/21/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	07/31/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 male who was reportedly injured on 01/09/2014. The mechanism of injury is noted as the injured worker slipping on a piece of meat, losing his balance but not falling and causing injury to his low back and hip being diagnosed with a sprain. The injured worker had been prescribed tramadol, menthoderm, Prilosec and Norco. He has undergone several urine drug screens on 5/5/14 and 5/8/14 which were negative for opioids or was inconsistent with the prescribed medication regimen. The last Urine Drug Screen of 6/2/14 was found not to detect any tramadol. Last progress note dated 07/14/2014 noted the injured worker having constant to severe low back pain and constant moderate to severe left shoulder pain rating 9/10. Treatments to date are aquatic therapy, epidural steroid injections, physical therapy, anti-inflammatories, opioids and a back brace. A request was made for Norco tablets, quantity 60 and was not certified on 07/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets Quantity: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This is an injured worker with chronic low back pain. The claimant has been prescribed Tramadol, Prilosec, Menthoderm and Norco. However the urine drug screens have been inconsistent with the prescribed medications. On the 5/5/14 urine drug screen (UDS) the claimant which revealed no opioids. The repeat 5/8/14 was inconsistent with the prescribed regimen of Tramadol and Norco. The 6/2/14 UDS failed to detect and Tramadol despite having been prescribed that chronically since the date of injury. Given the obvious Noncompliance, continued use of opioids is not recommended as clearly stated in California Medical Treatment Utilization Schedule regarding the chronic use of opioids. The request for continued Norco is not medically necessary.