

Case Number:	CM14-0126810		
Date Assigned:	08/13/2014	Date of Injury:	02/01/2004
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 59-year-old female with a 2/1/04 date of injury, and status post triple lumbar laminectomy L3-5. At the time (7/25/14) of request for authorization for Norco 10/325mg, 1 tablet every 4-6 hours PO PRN for 30 days #150 and Medrol (Pak) 4mg tabs, 1 package(s) PO for 30 days # 1 dose pack(s) of 21, there is documentation of subjective (low back pain, radiation of pain to right lower extremity, right buttock, and right posterior thigh and calf, pain rated 6-10/10; exacerbation of usual chronic pain) and objective (absent right Achilles reflex, diminished light touch sensation in a L5-S1 dermatomal distribution, antalgic gait, lumbar spine range of motion unable to be tested due to severe pain) findings, current diagnoses (degeneration of lumbar intervertebral disc, lumbar post-laminectomy syndrome), and treatment to date (physical therapy, acupuncture, medications (including Celebrex, Imitrex, Zanaflex, Medrol Pak, Nexium, and Norco)). 7/17/14 medical report identifies that the patient received instructions for controlled substance medications. Regarding the requested Norco 10/325mg, 1 tablet every 4-6 hours PO PRN for 30 days #150, there is no documentation that the lowest possible dose is being prescribed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding the requested Medrol (Pak) 4mg tabs, 1 package(s) PO for 30 days # 1 dose pack(s) of 21, there is no documentation of a discussion with the patient regarding the risk of systemic steroid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet every 4-6 hours PO PRN for 30 Days #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20 Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar intervertebral disc, lumbar post-laminectomy syndrome. In addition, given documentation that the patient received instructions for controlled substance medications, there is documentation that the prescriptions are from a single practitioner and are taken as directed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that the lowest possible dose is being prescribed. In addition, given medical records reflecting ongoing use of Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, 1 tablet every 4-6 hours PO PRN for 30 days #150 is not medically necessary and appropriate.

Medrol (Pak) 4mg tabs, 1 package(s) PO for 30 days # 1 dose pack(s) of 21: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 07/03/14) Corticosteroids (oral/parenteral/IM low back pain) Criteria for the use of Corticosteroids (oral/parenteral for low back pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Oral corticosteroids; Low Back Chapter, Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: MTUS reference to ACOEM Guidelines identifies that there is limited research-based evidence for oral corticosteroids in the management of low back complaints. ODG identifies documentation of radiculopathy (with supportive subjective and objective findings) and evidence of a discussion with the patient regarding the risk of systemic steroids, as criteria necessary to support the medical necessity of systemic corticosteroids in the acute phase

of an injury. In addition, ODG identifies documentation of a symptom free period with subsequent exacerbation or evidence of a new injury, as criteria necessary to support the medical necessity of systemic corticosteroids in the chronic phase of an injury. Within the medical information available for review, there is documentation of diagnoses of degeneration of lumbar intervertebral disc, lumbar post-laminectomy syndrome. In addition, there is documentation of evidence of radiculopathy and an exacerbation of a chronic injury. However, there is no documentation of a discussion with the patient regarding the risk of systemic steroid. Therefore, based on guidelines and a review of the evidence, the request for Medrol (Pak) 4mg tabs, 1 package(s) PO for 30 days # 1 dose pack(s) of 21 is not medically necessary and appropriate.