

Case Number:	CM14-0150830		
Date Assigned:	09/19/2014	Date of Injury:	03/25/1987
Decision Date:	10/17/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

Patient is a 69-year-old male who has submitted a claim for lumbar degenerative disc disorder associated with an industrial injury date of 3/25/1987. Medical records from 2014 were reviewed. Patient complained of low back pain, rated 5/10 in severity, radiating to bilateral lower extremities. Aggravating factors included prolonged sitting, and bending forward. Intake of medications provided relief of symptoms. Side effect noted from opioid was frequent sweating. Physical exam showed right lower extremity weakness, positive straight leg raise test bilaterally, and diminished sensation at the lateral side of right calf. Treatment to date has included hot/cold modality, physical therapy, and medications such as hydrocodone, baclofen, and MiraLax, (since March 2014). Utilization review from 9/11/2014 modified the request for Norco 10/325mg #180 into #150 because there was no documentation of significant functional improvement from medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Norco since March 2014. Intake of medications provided relief of symptoms. Side effect noted from opioid was frequent sweating. However, the medical records do not clearly reflect continued functional benefit from medication use. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg #180 is not medically necessary.