MAXIMUS Federal Services

Case Number:	CM14-0169942		
Date Assigned:	10/20/2014	Date of Injury:	06/26/2014
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/15/2014

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 and is licensed to practice in Tennessee, North Carolina and Georgia. 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 64-year-old female. Her date of injury was 06/26/2014. Her mechanism of injury was a fall. Her relevant diagnoses were lumbago, closed fracture of lumbar vertebrae, and thoracic or lumbosacral neuritis or radiculitis. Her treatments have included physical therapy. Her pertinent diagnostic studies were an MRI and x-ray of lumbar spine, and a urinalysis for drug screen on 08/20/2014, the results were positive for Norco. Her pertinent surgical history is not included in the medical record. On 09/04/2014, she had complaints of pain, throbbing left posterior leg pain, and numbness to her left foot. On her physical exam of 09/04/2014, she has decreased range of motion of the lumbar spine. She was in visible pain, constantly adjusting in her chair. Her VAS pain scale with medications was an 8/10 and without medications was a 10/10 on 10/24/2014. Her medication list included Norco 10/325, Butrans 10 mcg/hour, and Ibuprofen 800 mg. Her treatment plan included requesting more physical therapy, pain medications, and a urine drug screen. Norco was requested due to continued pain. The Request for Authorization form was dated 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

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

Decision rationale: The request for Norco 10/325MG #60 is not medically necessary. The injured worker has a fracture of the lumbar vertebrae without spinal cord injury, lumbago, and neuritis or radiculitis to the lumbar spine. The California MTUS Guidelines state that Hydrocodone is indicated for moderate to moderately severe pain. The 4 A's of ongoing monitoring are the most relevant when monitoring chronic pain patients on opioids. The documentation needs to include the amount of pain relief obtained, how the patient is able to perform their activities of daily living, side effects of the medication, and abnormal behavior relating to the drug. The injured worker has been taking Norco since at least 07/09/2014. She stated her pain level on medications was 8/10 and 10/10 without medications. The medical record did include a functional assessment that indicated a minimal increase in her ability to perform her ADL's, and a medication contract. However, there was a lack of documentation regarding aberrant behavior and adverse effects. In the absence of this documentation, the ongoing use of Norco is not supported by the guidelines. Additionally, the request, as submitted, failed to indicate a frequency of use. As such, the request is not medically necessary.