

Case Number:	CM14-0173796		
Date Assigned:	10/27/2014	Date of Injury:	02/05/2000
Decision Date:	12/30/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/21/2014

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 Family Practice and is licensed to practice in 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 33-year-old male with a date of injury of February 5, 2010. He has had chronic low back pain radiating down both lower extremities. He underwent an L4-L5 discectomy in 2000 and then an L4-L5 fusion in 2001. He has returned to work in a nonphysical capacity. His pain levels have been quite variable ranging from a 7-8/10 without medication to a 4-5/10 with medication. He had a spinal cord stimulator trial which reduced his overall pain substantially but he was deemed not a candidate for a permanent spinal cord stimulator because he had primarily back pain and not leg pain. The physical exam reveals tenderness to palpation of the L5-S1 lumbar facet regions, a positive straight leg raise exam on the left, and diminished lumbar range of motion. The diagnoses include L5-S1 disc herniation, chronic intractable axial low back pain, failed back syndrome, and bilateral lumbar radiculitis. On October 15, 2014 he told the treating physician that the Norco had been denied but that it was not providing him with any relief of his pain symptoms. The treating physician changed the Norco 10/325 Q6 hours PRN to Percocet 10/325 mg up to every 6 hours, #120. On October 16, 2014 a request for authorization appears again for Norco 10/325 mg #120 for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tablets 10/325mg #120 x 3 months: Upheld

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

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

Decision rationale: Those requiring chronic opioids should have ongoing assessment for pain relief, functional status, aberrant drug taking behavior, and medication side effects. Opioids may be continued if the injured worker has regained employment or has improvements in functionality and pain. In this instance, the injured worker continues to be employed. However, it was noted on October 15, 2014 that the Norco was no longer effective and consequently the opioids were changed to Percocet 10/325 mg. The rationale for an additional request the following day, October 16, 2014, for Norco 10/325 mg is not evident. In essence, this would amount to a re-prescribing of a medication known to be ineffective. Consequently, Norco Tablets 10/325mg #120 x 3 months was not medically necessary.