

Case Number:	CM14-0175391		
Date Assigned:	10/28/2014	Date of Injury:	04/26/2010
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/23/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 58 year old male who reported an injury on 04/26/2010. The mechanism of injury was not reported. His diagnoses included status post lumbar laminectomy, left lower extremity radiculitis, status post cervical discectomy and fusion, status post right wrist tenosynovectomy and carpal tunnel release, status post left carpal tunnel release, and left ankle sprain. Past treatments included multiple surgeries, physical therapy and medications. Diagnostic studies included a urine drug screening performed 09/22/2014. The clinical progress note dated 09/22/2014 reported the injured worker complained of low back pain that radiated to the left lower extremity and left ankle/foot pain that increased with weight-bearing activities and decreased with rest, medications, and home exercise program. The injured worker's pain was rated 2/10 with medication and 8/10 without medication and she was noted to have relief for 3-4 hours after taking her medications. Physical findings included tenderness to palpation with spasm and muscle guarding over the bilateral paravertebral musculature and lumbosacral junction and left ankle/foot tenderness to palpation over the anterior/lateral ankle. Medications included Norco 10/325mg, Relafen 500mg, and Mobic 7.5mg. The treatment plan included continued medications and home exercise plan, a follow up podiatry consultation, and urology and internal medicine examinations. The request was for Norco 10/325mg. The rationale for the request and the Request for Authorization form was not included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The clinical documentation submitted indicated the injured worker used opioids since at least 2010. Since that time he has had multiple surgeries and continued complaints of pain. The urine drug screen report dated 09/26/2014 was positive for opiates, which was consistent with the injured worker's medication regimen. Clinical documentation dated 09/22/2014 reported the injured worker's pain level without medication as 8/10 and with medication 2/10; however, there was a lack of sufficient documentation of functional improvement, medication side effects, or aberrant behavior. Additionally, the request, as submitted, failed to indicate a frequency of use for the prescribed medication. As such, the request for Norco 10/325mg #120 is not medically necessary.