MAXIMUS Federal Services

Case Number:	CM14-0177029		
Date Assigned:	10/30/2014	Date of Injury:	06/21/2003
Decision Date:	12/08/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 52 year old male who was injured at work on 06/23/2003. He is reported to be complaining of worsening low back pain that rated at 5/10 that radiates down both legs. The physical examination revealed limited range of motion of the lumbar spine, healing surgical scar on the posterior spine. There was palpable tenderness and tight muscle band noted of the paravertebral muscles. The straight leg raise was positive on the left. The worker has been diagnosed of post laminectomy syndrome, disc disorder lumbar, sacroiliac pain, lumbar lumbosacral disc degeneration, lumbar disc displacement broken screw in fusion surgery SCS in place. Treatments have included Norco 10/325mg po Q4-6 Hours, maximum 5/day, Nuvigil, Tagaderm, Soma, Duragesic 50Mcg/hr Q2days, Durasegic 12Mcg/hr Q2Days, Lexapro, Paxil. At dispute is the request for Norco 10/325mg #120.

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 Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

Decision rationale: The injured worker sustained a work related injury on 06/23/2003. The medical records provided indicate the diagnosis of post laminectomy syndrome, disc disorder lumbar, sacroiliac pain, lumbar lumbosacral disc degeneration, lumbar disc displacement broken screw in fusion surgery SCS in place. Treatments have included Norco 10/325mg po Q4-6 Hours, maximum 5/day, Nuvigil, Tagaderm, Soma, Duragesic 50Mcg/hr Q2days, Durasegic 12Mcg/hr Q2Days, Lexapro, Paxil. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #120. The MTUS does not recommend the use of more than 120 mg morphine equivalents in a day. The records indicate the injured worker was prescribed the following drugs the same time: Norco 10/325mg 1 Q4-6 Hours, maximum of 5/day, Quantity 30; Norco 10/325mg 1 Q4-6 hours, maximum of 5/day, Quantity 90; Ms Contin Cr (Morphine) 30mg 1 three times daily, Quantity 90. Since both Norco(Hydrocodone) and Ms Contin each has I mg Morphine equivalents, this means the injured worker was expected to take (5x10)plus (30 x3) morphine equivalents in a day. These add up to 140mg morphine equivalents.Also, whereas the MTUS recommends against the use of opioids beyond 70 days for chronic pain, the records indicate the injured worker has been on this medication for about a year or more. Therefore, the requested medication is not medically necessary and appropriate.