

Case Number:	CM14-0020818		
Date Assigned:	04/30/2014	Date of Injury:	03/01/2012
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Texas and Mississippi. 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 44 year old male who reported an injury on 03/01/2012 from an unknown mechanism of injury. The injured worker had a history of low back pain. On examination on 01/30/2014, the injured worker was status post posterior lumbar interbody fusion at L3-S1 on 08/24/2012 and status post anterior lumbar interbody fusion at L3- S1 on 7/16/2013. The examination revealed tenderness, decreased range of motion, and lumbosacral spasm. The injured worker's diagnoses included lumbosacral spondylosis. The prior treatments included physical therapy, lumbosacral core exercises, comprehensive qualitative urine drug screen to evaluate for medication management, pain medication, and therapy. Medications included Flexeril (Cyclobenzaprine 7.5 mg) 1 tab 2 times a day as needed for muscle spasms, Protonix (Pantoprazole Sodium D.R. 20 mg) 1 tablet every day for stomach irritation, Norco 5/355mg 1 tab every 6 hours for pain, and Ultram (Tramadol 50 mg) 1 tablet every 4-6 hours for pain. The treatment request was for Norco 5 (Hydrocodone/APAP 5/325 mg) #60. The request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5 (HYDROCODONE/APAP 5/325MG, #60): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Norco 5 (Hydrocodone/APAP 5/325 mg), #60 is not medically necessary. The injured worker has a past history of low back pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that there should be ongoing review and documentation for monitoring patients on opioids. The documentation should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the 4 A's: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There was no significant documentation as to any side effects from the medication within the notes provided for review. The toxicology test revealed that the Norco is indicated for the patient and was not detected. This could be due to not taking medication as prescribed or to one's metabolism. There is a lack of documentation to support significant effectiveness of pain relief and functional improvement with the use of Norco. The patient has been prescribed Norco since at least since 09/26/2013. The requesting physician did not include an adequate and complete assessment of the injured worker's pain. The requesting physician's rationale for the request was not provided within the documentation. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such the request is not medically necessary.