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| Case Number: | CM14-0025615 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 08/06/2012 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/18/2014 |
| Priority: | Standard | Application Received: | 02/28/2014 |

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 and Rehabilitation and is licensed to practice in Alabama. 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 patient is a 24 year old male who was injured on 08/06/2012. He sustained an injury to his lower back when he picked up a case of water weighing about 20 lbs. Prior medication history included Naproxen, Norco, Prilosec, Terocin cream. Prior treatment history has included physical therapy, HEP and chiropractic therapy. The patient underwent microlumbar decompression surgery on the L5-S1 on 01/30/2013 and microlumbar decompression surgery at L5-S1 on 01/25/2012. Progress report dated 01/06/2014 indicated the patient was in for follow-up. He was continuing with his home exercise program and exercises. He reported he was taking Norco 10/325 mg 3 to 4 times a day. On exam, range of motion exhibited lumbar extension to 5 degrees. He had pain with facet loading of the lumbar spine. On Progress report dated 05/29/2013, the patient complained of low back pain which he rated 7/10. He reported that his medications help. On exam, he was tender to palpation on the lumbar spine with spasms. His range of motion was decreased. Diagnosis is lumbar radiculopathy. The treatment and plan included requests for Hydrocodone/APAP 10/325 mg. Prior utilization review dated 02/18/2014 states the request for Norco 10/325 mg has been partially certified; re-evaluate after follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids Page(s): 77-79.

Decision rationale: The California MTUS guidelines regarding opioids state there is a need for "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." There is no recorded documentation of a complete assessment of pain as mentioned in the guidelines above, nor documented continued significant functional improvement. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.