

Case Number:	CM14-0028597		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2010
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	03/06/2014

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 California. 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 29-year-old male with a reported date of injury on 05/05/2010. The injury reportedly occurred when he stepped off a curb and initiated a twisting movement. His previous treatments were noted to include a microdiscectomy at L4-5 level, physical therapy and medications. His diagnoses were noted to include post laminectomy syndrome, lumbar disc syndrome, lumbar radiculitis, myofascial pain syndrome and muscle spasms. His medications were noted to include Percocet and Norco. The musculoskeletal strength testing showed 5/5 proximally and distally. The progress note dated 04/08/2014 reported the injured worker complained of low back pain and that his legs continued to be weak and shake after standing for 5 minutes. The injured worker was having a hard time standing and had to sit down and stopped shaking within a minute of sitting. The physical examination reported no changes and there was tenderness to the low mid back over and below the area of prior surgery. There was a positive straight leg raise bilaterally and decreased sensation over the left heel and decreased range of motion in all directions. The progress note dated 04/18/2014 performed a physical examination which showed the lumbar spine full range of motion limited to extension to about 20 degrees, side bending to 20 degrees and low back flexion was 60 degrees. The musculoskeletal strength testing showed 5/5 proximally and distally. The request for authorization form was not submitted within the medical records. The request is for Norco 10 mg and Percocet 10 mg, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78.

Decision rationale: The request for Norco 10 mg is not medically necessary. The injured worker has been taking this medication since 2011. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4A's are ongoing monitoring, including analgesia; activities of daily living, adverse side effects and aberrant drug-taking behaviors should be addressed. There was a lack of evidence of decreased pain on a numerical scale, improved functional status with regards to activities of daily living, side effects as well as documentation regarding a urine drug screen or if one has been performed. Therefore, due to the lack of evidence regarding significant pain relief, increased function, adverse effects and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide a frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Percocet 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-Going Management) Page(s): 78.

Decision rationale: The request for Percocet 10 mg is not medically necessary. The injured worker has been taking Percocet since 2011. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines also state the 4A's are ongoing monitoring, including analgesia; activities of daily living, adverse side effects and aberrant drug-taking behaviors should be addressed. There was a lack of evidence of decreased pain on a numerical scale, improved functional status with regards to activities of daily living, there is no report of side effects and there is no documentation regarding a urine drug screen or if one has been performed. Therefore, due to the lack of evidence regarding significant pain relief, increased function, and adverse effects and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide a frequency at which this medication is to be utilized. As such, the request is not medically necessary.

