

Case Number:	CM14-0040027		
Date Assigned:	06/27/2014	Date of Injury:	06/04/2004
Decision Date:	08/11/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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:

This 44 year-old patient sustained an injury on 6/4/04 while employed by [REDACTED]. Request(s) under consideration include Norco strength unspecified #60. Diagnoses include Lumbar/ Lumbosacral intervertebral disc degeneration. The patient is s/p microlaminectomy, bilateral interlaminar decompression of L3-S1 and microscopic discectomy of right L3-4 on 6/27/13. Report of 7/12/13 from the provider noted the patient with moderate, intermittent low back pain 90% with 10% pain in leg; medications of Colace, Motrin, and Norco improved symptoms. Exam did not show signs of infections with intact neurological findings. The request for Norco #120 was certified along with post-op physical therapy of 18 sessions. A Report dated 1/20/14 from the provider noted intermittent back pain with limited lumbar range and normal toe/heel walk with balanced gait on exam. It was noted medications prescribed by this office: Tramadol and Ibuprofen. Treatment was physical therapy with temporary total disability status. Report of 4/18/14 from the provider noted intermittent back pain with limited lumbar range. It was noted medications prescribed by this office: Tramadol and Ibuprofen. The patient remained temporary total disability and additional physical therapy was planned. There is a dated peer review letter dated 5/19/14 requesting for Norco medication dosage. Permanent & Stationary report of 6/20/14 from the provider noted mild intermittent low back pain. Medications list Norco, Tramadol, and Motrin. Exam showed limited lumbar range with motor strength of 5/5 in bilateral lower extremity muscles and normal sensation, negative SLR, and normal gait. Diagnosis was Degenerative disc disease. Treatment included future medical provision for flare-ups. Request(s) for Norco strength unspecified #60 was non-certified on 3/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO STRENGTH UNSPECIFIED #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects
Page(s): , page(s) 74-96.

Decision rationale: There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California Medical Treatment Utilization Schedule (MTUS) provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Norco strength unspecified #60 is not medically necessary and appropriate.