MAXIMUS Federal Services

Case Number:	CM14-0040481		
Date Assigned:	06/27/2014	Date of Injury:	07/05/2001
Decision Date:	08/22/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/10/2014

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 57-year-old male with a reported date of injury of 07/05/2001. The mechanism of injury was due to a slip and fall. His diagnoses were noted to include right knee sprain/strain with internal derangement, lumbar spine sprain/strain, lumbar spine status post right-sided laminectomy and partial facetectomy and lateral recess decompression and microdiscectomy, lumbar spine bilateral facet joint syndrome, and right knee status post arthroscopy with degenerative arthritis. His previous treatments were noted to include epidural injections, medications, surgery, ice, heat, stretching, and relaxation. The progress note dated 04/11/2014 revealed the injured worker complained of lower back pain, which was his worst pain, followed by right leg pain. He indicated his level of pain was rated 7/10 and his level of function was 5/10. The injured worker indicated he received 50% pain relief from his symptoms on his medication regimen. The physical examination of the lumbar spine revealed tenderness to palpation over the lower lumbar spine. There was increased paravertebral muscle spasms noted as well as facet pain upon palpation, facet loading on the right side more so than on the left. The examination also revealed increased facet pain with hyperextension as well as right and left lateral bending. A positive straight leg raise was noted on the right side. The physical examination of the extremities revealed decreased strength in the lower extremities throughout all planes rated 4/5. There was evidence of slightly decreased sensation to the right anterior tibia/fibula along the lateral aspect of the right foot. There was also an increased amount of muscle spasticity throughout the lower lumbar spine. His medication regimen was noted to include Norco 5/325 mg, Soma 350 mg, and ibuprofen 800 mg. the Request for Authorization form dated 02/21/2014 was for Norco 10/325 mg #120 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: Upheld

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

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

Decision rationale: The injured worker has been utilizing this medication since at least 11/2012 with an increase in 02/2014. 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 that the 4As for ongoing monitoring (include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) should be addressed. The injured worker indicated his pain level was 7/10 and his level of function was about 5/10. The injured worker indicated his medication regimen gave him 50% pain relief from symptoms. The injured worker indicated he had constipation with this medication. A urine drug screen performed on 02/14/2014 was consistent with medication therapy. Therefore, despite evidence of significant pain relief, increased function, consistent drug therapy with a detailed urine drug test, the side effect of constipation was noted. However, the request failed to provide the frequency at which this medication was to be utilized. Therefore, the request of Norco 10/325 mg # 120 is not medically necessary and appropriate.