

Case Number:	CM14-0041391		
Date Assigned:	06/20/2014	Date of Injury:	10/04/2004
Decision Date:	07/28/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/12/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 56 year old female who sustained injuries to the low back as a result of lifting. The date of injury is listed as 10/04/04. The records indicate that the injured worker has chronic low back pain with subjective complaints of radiation in the lower extremities. An MRI has indicated a left lateralizing disc protrusion at L5-S1 in evidence of a spondylolisthesis at L4-L5. The records allude to a single lumbar epidural steroid injection which has provided subtenant improvement over several years. Serial physical exams are unchanged and note that motor strength, sensation and reflexes are intact in the lower extremities. The record contains multiple urine drug screens which are inconsistent with the reported prescriptions. A urine drug screen dated 09/30/13 was positive for cannabinoids and negative for Norco. A urine drug screen dated 11/07/13 was negative for Norco and positive for morphine. A urine drug screen dated 02/03/14 was negative for any medications. The record contains a utilization review determination 03/06/14 in which a request for Norco 10/325 1 tablet 2x daily 30 days #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg/Acetaminophen 325mg 1 tab BID prn times 30days #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The submitted records indicate that the injured worker has chronic malfunction pain. The injured worker has been maintained on oral medications. The record contains substantially conflicting data and the injured worker reports benefit from her prescribed medications yet 3 separate urine drug screens were negative for Norco. As such, it would appear that the injured worker is not compliant with the treatment plan and more so is given the absence of Norco on the urine drug screens there would be no indication that this medication is of any functional benefit and therefore would not meet Chronic Pain Medical Treatment Guidelines for continued use. Therefore the request is not medically necessary.