

Case Number:	CM14-0041935		
Date Assigned:	06/30/2014	Date of Injury:	11/01/2007
Decision Date:	08/18/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 59-year-old male with a reported date of injury on 11/01/2007. The injury reportedly occurred when the injured worker was lifting a heavy server and had a significant increase in back pain. His diagnoses were noted to include degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, chronic pain syndrome, and insomnia. The previous treatments were noted to include epidural steroid injections and medications. The progress note dated 02/05/2014 revealed the injured worker complained of chronic low back pain, mostly on the left side, increasing pain on the right side of the low back radiating down the bilateral buttocks and bilateral lower extremities to mid-calf. The injured worker indicated in 11/2013 he underwent a transforaminal lumbar epidural steroid injection bilateral to L5-S1 and reported his pain went down by 95% and he was pain free. At physical therapy to his previous treatments the injured worker indicated occasionally he would use a Hydrocodone, once a day for pain, mostly he was not using them at all. The physical examination revealed a slight range of motion, mostly with the right lateral rotation to the neck. The provider reported the injured worker did not display drug-seeking behavior. The opioid medication was used for pain management and the injured worker was utilizing this medication appropriately to stay active and maintain functionality. The urine toxicology screening was performed. The request for authorization form was not submitted within the medical records. The request is for Norco 10/325mg, taking up to 4 per day due to occasional pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, up to 4 per day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC, Pain, Opioids, criteria for use.

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 10/2013. 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 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker was pain-free and utilized Hydrocodone once a day for pain but mostly was not using them at all. The injured worker is utilizing opioids appropriately to stay active and maintain functionality. No adverse effects with the use of opioids were noted. The documentation indicated the injured worker has not shown any aberrant drug-taking behavior. However, it is unclear as to whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, 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 documentation provided indicated the epidural steroid injection relieved his pain and improved his functional status. As such, the request is not medically necessary.