

Case Number:	CM14-0042983		
Date Assigned:	06/30/2014	Date of Injury:	01/28/2005
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational 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:

This is a 51-year-old female with a 1/28/2005 date of injury, when she slipped and fell on the floor and injured her lower back. A progress note dated 08/12/2013 indicated that the patient reported medications stolen on numerous occasions and was noncompliant with opioid medication. A urine drug test dated 9/26/2013 was positive for Fentanyl and negative for Norco and it was stated that both were prescribed. The diagnosis is lumbosacral spondylosis without myelopathy and lumbar disc degeneration. The patient was seen on 02/04/2014 with complaints of the lower back pain. The patient reported that SCS (spinal cord stimulator) did not provide any relief with her pain and that stimulation is uncomfortable and painful. She would like to have SCS replaced or removed. Exam findings revealed positive bilateral faced-loading. Treatment to date: SCS, medications, home exercise program, PT, lumbar interbody fusion at L1-L2 with instrumentation (04/2009). An adverse determination was received on 03/12/2014 given modified certification for Norco 5/325 mg recommended until the patient's SCS explant was done and then the opioid weaning was indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines On going

Management, OPIOIDS Page(s): 78-80, 81. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 6 page(s) 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress note dated 2/4/2014 stated, that the patient's pain was due to SCS implant and the UR decision from 03/12/2014 modified this request to Norco 5/325 mg until the patient's SCS explant was done and then the opioid weaning was indicated. However there is a lack of documentation stating that SCS has been removed and no follow up notes indicating that the patient's pain level decreased. In addition, the remaining of notes stated, that the patient was inconsistent with the opioid treatment and that she reported medications stolen on numerous occasions. Therefore, the recommendation for Norco 5/325mg with one refill is not medically necessary.