

Case Number:	CM14-0043640		
Date Assigned:	07/02/2014	Date of Injury:	04/09/2001
Decision Date:	08/21/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/10/2014

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 & Rehabilitation, 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 44-year-old male who reported an injury on 04/09/2001; he reportedly sustained injury from cumulative trauma. The injured worker's treatment history included medications, chiropractic sessions, urine drug screen, and surgery. The injured worker had undergone a urine drug screen on 03/12/2014 that was positive for opioids. The injured worker was evaluated on 06/11/2014, and it was documented that the injured worker complained of low back pain that radiated down into his buttocks and legs with tingling to bilateral feet. The provider noted the injured worker's pain intensity was 8-9/10. It was documented the injured worker utilizes pain medication for his functional capacity, and without medication it is greatly reduced. His pain level without medication was a 7/10 to 9/10, and with medication he is able to work and his pain level is a 3/10 to 5/10. The provider noted he takes Norco and rarely needs to take Percocet. Medications included Norco and Percocet. Objective findings, there was tenderness noted in the left lower lumbar spine with flattening and spasm. Range of motion of the lumbar spine revealed flexion 40 degrees, extension 10 degrees, and lateral bending right and left 25 degrees. Positive straight leg rise at 60 degrees on the left and DTRs present and equal. The diagnoses included sprain/strain of the lumbar spine with 6 mm disc at L5-S1, status post IDET procedure, and status post L5-S1 lumbar fusion. The Request for Authorization was dated 03/12/2014 and was for Norco 10/325 mg however, the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #100, with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) that criterion for use for ongoing management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. On 03/12/2014, the injured worker had a positive urine drug screen for opioids; however, there was lack of documentation of pain management and long term functional improvement goals for the injured worker. On 06/11/2014, the injured worker complained of low back pain that radiates down into his buttocks and legs to both feet. The provider noted his functional capacity without medication is greatly reduced. His pain level without medications was 7/10 to 9/10, and with medications 3/10 to 5/10 and he is able to work. In addition, the request does not include the frequency or duration. Given the above, for Norco 10/325 mg#100, with 3 refills is not medically necessary.