

Case Number:	CM14-0045757		
Date Assigned:	07/02/2014	Date of Injury:	07/24/2006
Decision Date:	08/25/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/14/2014

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 47 year-old male patient with a 7/24/2006 date of injury. The mechanism of injury was described by the patient as experiencing pain after loading a cart. In 2007 the patient underwent a laminectomy L5-S1. Patient had post therapy consisting of epidural steroidal injections and an additional surgery for L5-S1 laminectomy/facetectomy and post interspinous fixation on 10/16/2013. On the examination dated 3/20/2014 the patient complains of moderate to severe constant lower back pain. He also states his activities are limited. Treatment to date: Physical therapy and medication management. The UR decision dated 3/26/2014 denied the request for Norco 10/325 #120. The rationale for denial was that now 5 months post op there was no functional gains reported with the ongoing use of medication. No information was given regarding monitoring. There was no change in status necessitating ongoing narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates
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. On a urine drug screen collected 3/20/2014 and reported 3/28/2014 the results were inconsistent for hydrocodone and Cyclobenzaprine, 2 of the patients prescribed medications, which was concerning for misuse. In addition, there was also no mention of any functional improvement or continued analgesia from the current medication regimen. There is no evidence of lack of adverse side effects from the current medication regimen. There is no discussion of any cures monitoring or an opiate contract. Therefore, the request for Norco 10/325 #120 is not medically necessary.