

Case Number:	CM14-0046743		
Date Assigned:	07/02/2014	Date of Injury:	12/04/2007
Decision Date:	08/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/15/2014

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:

The patient is a 38-year-old male who has submitted a claim for lumbar discogenic disease L4-L5 and L5-S1, lumbar radiculopathy, status post lumbar fusion, symptomatic hardware, weight loss of unknown origin, and erectile dysfunction secondary to chronic medication usage associated with an industrial injury date of December 4, 2007. The patient complained of persistent low back pain, rated 5/10 in severity. The physical examination showed a healed a surgical incision and spasm of the lumbar spine, limited range of motion and tenderness was noted over the lumbar hardware. A Lasegue's test was positive bilaterally, positive bilateral straight leg raise test, 4/5 motor strength and decreased sensation at L4-L5 and L5-S1 bilaterally. Imaging studies were not available. The treatment to date has included medications, physical therapy, TENS unit, home exercise program, activity modification, and lumbar spine fusion. A utilization review, dated March 19, 2014, modified the request for prospective request for 1 prescription of Norco 10/325mg #180 to Norco 10/325mg #117 to facilitate weaning and because the documentation showed no significant decrease in pain and increase in functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 78 of California MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since at least February 2013. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects. Last urine drug screen was dated way back February 2013. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Prospective request for 1 prescription of Norco 10/325 mg #180 is not medically necessary.