

Case Number:	CM14-0048214		
Date Assigned:	07/02/2014	Date of Injury:	09/30/2002
Decision Date:	08/26/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 43-year-old male who reported an injury on 09/30/2002. The mechanism of injury was not provided within the medical records. The clinical note dated 07/02/2014 indicated diagnoses of postlumbar laminectomy syndrome. The injured worker reported back pain that radiated to both legs. The injured worker reported that his pain level had increased since the last visit, and his quality of sleep was poor. He denied any new injury. The injured worker reported that his activity level had decreased. The injured worker reported that he was taking his medication as prescribed, and he stated that the medications were working well. No side effects were reported. On physical examination of the lumbar spine, there was loss of normal lordosis with straightening of the lumbar spine. The lumbar spine range of motion was restricted and painful. There was tenderness to palpation of the paravertebral muscles with spasms on both sides. The injured worker's lumbar facet loading was positive bilaterally. The straight leg raise test was positive on both sides in sitting at 85 degrees. The injured worker had positive bilateral hypesthesias, altered sensation in the L4 and L5 dermatomes. The injured worker's motor testing was limited by pain. The injured worker's deep tendon reflexes were decreased. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included MS Contin and Norco. The provider submitted a request for Norco. The Request for Authorization was not submitted for review, to include the date that the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 78.

Decision rationale: The request for 1 prescription of Norco 10/325mg #120 with 1 refill is non-certified. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker reported increased pain as well as a decreased activity level. There was no overall improvement with the use of this medication. In addition, there is a lack of significant evidence of an objective assessment of the injured worker's evaluation for the risk of aberrant drug use and behaviors. Moreover, the documentation did not indicate that the injured worker had a signed pain contract. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request for Norco is non-certified.