

Case Number:	CM14-0050222		
Date Assigned:	06/23/2014	Date of Injury:	02/18/1991
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 48-year-old male who reported an injury on 02/18/2991. The mechanism of injury was the injured worker was pushing a Hummer out of his work area. Subsequent treatments included a laminectomy and discectomy of L5 and S1 on 09/23/2002 and a laminectomy and discectomy with nerve root decompression on the right side at L5-S1 on 12/15/1994. The clinical documentation indicated the injured worker had been utilizing the medication Prilosec 20 mg, Celebrex 200 mg, Norco 5/325 and Lunesta 3 mg as of 2012. The documentation of 01/06/2014 revealed the injured worker was taking Prilosec, Norco, Celebrex and Lunesta. The injured worker indicated that the medications helped with pain. The pain level with medications was 5/10 and without was 10/10. The diagnoses included a recurrent herniated disc L5-S1 and status post laminectomy and discectomy x2. The treatment plan included epidural steroid injections, Fiorinal with codeine #30 for onset of headaches, ketorolac 60 mg with Xylocaine, Lunesta 3 mg #30 1 at bedtime x3 refills, Norco 5/325 one tablet twice a day #60, Celebrex 200 mg #60 one twice daily x5 refills and Prilosec 20 mg #30 one daily with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg 1 BID #60 (no refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, page 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant behavior. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. The documentation indicated the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional improvement and documentation the injured worker was being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco 5/325 mg 1 twice daily, #60 no refills is not medically necessary.