

Case Number:	CM14-0053826		
Date Assigned:	07/07/2014	Date of Injury:	12/26/2007
Decision Date:	08/20/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/22/2014

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 Orthopedic Spine Surgery and is licensed to practice in 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 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 27 year-old male who reported an injury on 12/26/2007 after a fall off a roof. The injured worker reportedly sustained an injury to his lumbar spine that ultimately resulted in an L5-S1 fusion. The injured worker was treated post-surgically with physical therapy and medications. The injured worker was evaluated on 03/26/2014. It was documented that the injured worker was taking Norco 10/325 mg for pain control. It was noted that the injured worker had a signed pain contract with no evidence of aberrant behavior. It was noted that the patient's pain is decreased and his function is improved with the use of medications and the patient has difficulty tolerating routine activities of daily living without medications. The injured worker's medications included Norco 10/325 mg. The injured worker's diagnoses included status post lumbar discectomy, with subsequent fusion at the L5-S1, chronic low back pain, pituitary macroadenoma, and removal of lumbar spinal hardware. A request was made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #140 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documented functional benefit, and quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the patient has pain relief. However, a quantitative assessment of this belief was not provided to support the efficacy of medication. It is noted within the documentation that without medication the injured worker is unable to tolerate activities of daily living. It is also noted that the injured worker is engaged in a pain contract and monitored for aberrant behaviors. Although it is noted that the patient receives pain relief from medications without a quantitative assessment of pain relief, the effectiveness of this medication cannot be determined. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #140 is not medically necessary or appropriate.