

Case Number:	CM14-0055957		
Date Assigned:	07/09/2014	Date of Injury:	06/23/1997
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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. 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 41-year-old who is reported to have sustained injuries to her low back on June 23, 1997. The mechanism of injury is not described. The records indicate that the injured worker has been diagnosed with failed back surgery syndrome. It is reported that she has undergone 3 surgical interventions ultimately resulting in a fusion at the L5-S1 level. On serial examinations, she is noted to have lumbosacral myospasms and left hip tenderness. Pain levels were reported to be 7/10 on the visual analog despite medications. There is no documentation of functional improvements or increased activities of daily living. The records indicate that the injured worker has chronically been maintained on opiate medications. Typical medication profile includes Norco 10/325mg and Soma 350mg. The records indicate that at times the injured worker has been prescribed Tramadol. She is further noted to have been prescribed Diazepam. The record contains multiple urine drug screens. A urine drug screen dated December 6, 2013 was negative for Tramadol despite reports of prescription. This report notes that the injured worker was prescribed tetrahydrocannabinol (THC). However, a review of the documentation provided does not indicate a prescription for Marinol from her treating Workers' Compensation physicians. The record contains a urine drug screen dated April 25, 2014 which was positive for THC not prescribed and negative for Diazepam which was prescribed. The record contains a utilization review determination dated April 14, 2014 in which a request for Norco 10/325mg #120 was non-certified and modified for Norco 10/325mg #100 for the purpose of a trial to taper to a lower dose for cessation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Pages 80-82 Page(s): 80-82.

Decision rationale: The request for Norco 10/325mg #120 is not supported as medically necessary. The submitted clinical records indicate that the prior utilization review partially approved the request for Norco 10/325mg #100 for the purpose of tapering. The records reflect that the injured worker has a failed back surgery syndrome and has chronic low back pain radiating into the bilateral hips. According to the Chronic Pain Medical Treatment Guidelines, the injured worker is non-compliant based upon a review of her urine drug screens. There are incidences where prescribed medications were not taken. More importantly, there are instances where the injured worker was positive for tetrahydrocannabinol (THC), yet has no documented active prescription for medicinal marijuana. It would further be noted on the urine drug screen on April 25, 2014, the injured worker was not utilizing Diazepam as prescribed. Given the lack of compliance, the medical necessity for continued use is not recommended or supported according to the Chronic Pain Medical Treatment Guidelines. The request for Norco 10-325 mg 120 count is not medically necessary or appropriate.