

Case Number:	CM14-0065184		
Date Assigned:	08/15/2014	Date of Injury:	06/06/2005
Decision Date:	10/21/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/08/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury on 06/06/2005. The mechanism of injury was not provided. The injured worker had a diagnosis of lumbar spondylosis. Past medical treatment included radiofrequency ablation of median branches, bilateral lumbar L3-L4, L5, S2 on 04/02/2012, and medications. Diagnostic testing included an MRI scan of lumbosacral spine on 07/07/2005, and urine drug screens on 01/13/2014 and on 04/01/2014 which was positive for THC and negative for opiates. The injured worker was prescribed Norco; however, it was noted that the injured worker had not taken any Norco on the date of testing which the provide indicated explained why his opiates were negative considering that he had significantly decreased the use of opiates over the prior 30 days. Surgical history was not provided. The injured worker complained of bilateral low back pain on 04/01/2014. The injured worker rated his pain 4/10 on the pain scale and 7/10 without pain medications. The physical examination revealed moderate tenderness at L4-5, L5-S1 facets, with 2+ muscle spasm. Medications included Naprosyn 500 mg, cyclobenzaprine 7.5 mg, Kadian 30 mg, and Norco. The treatment plan was for Norco 10/325 mg every 8 hours 2 to 3 times a day #75. The rationale for the request was to decrease the use of Norco and take it only for breakthrough pain that lasted greater than 45 minutes 2 to 3 per day limit 75 per month. The request for authorization form was submitted on 04/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Q8 hours 2-3 time a day #75: Upheld

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

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

Decision rationale: The injured worker complained of low back rating 4/10 with pain medications and 7/10 without pain medications. The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is lack of documentation of adequate quantified information regarding pain relief. There was no assessment of the injured worker's current pain on a VAS scale, average pain, and intensity of the pain after taking opioid medications, and longevity of pain relief. There is a urine drug screen done 04/01/2014 which was negative for opioids and positive for THC. In addition, there was no mention of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Given the above, the request for ongoing use of Norco is not supported. Therefore, the request for Norco 10/325 Q8 hours 2-3 time a day #75 is not medically necessary.