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| Case Number: | CM14-0069078 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 06/20/2000 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 05/14/2014 |

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 Surgery 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 47-year-old male with a reported date of injury on 07/20/2000. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include failed back surgery syndrome and status post lumbar laminectomy for recurrent herniated nucleus pulposus. His previous treatments were noted to include physical therapy, epidural steroid injection, and medications. The progress note dated 02/06/2014 revealed the injured worker complained of low back and bilateral lower extremity pain. The injured worker reported his overall improvement was 95% and a numerical pain score of 2/10. The injured worker indicated his mood, activity, and sleep were all improved and he was sleeping 5 hours a night. The injured worker reported no problems with pain with his dose of Norco and indicated that with the utilization of his pain medications his pain level was 1/10 to 2/10. There was a positive straight leg raise noted and no midline tenderness to palpation. The progress note dated 02/07/2014 revealed the injured worker complained of low back and bilateral lower extremity pain right greater than left. The Request for Authorization form dated 03/31/2014 was for Norco 10/325 mg 4 times per day; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-88.

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker has been utilizing this medication since at least 11/2013. The injured worker indicated that with medications her pain was 1/10 to 2/10. The injured worker reported she was able to exercise for her own personal rehabilitation and had no problems with the Norco. There is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, despite evidence of significant pain relief, increased function, and absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Norco 10/325 mg quantity 60 is not medically necessary and appropriate.