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| Case Number: | CM14-0069369 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 02/17/2006 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/09/2014 |
| 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 Anesthesiology, has a subspecialty in Pain Medicine 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 54 year old male injured on 02/17/06 while carrying gutters to load into a truck experiencing onset of mid back pain. Diagnoses included low back pain syndrome and possibly discogenic low back pain with intermittent left lumbar radiculitis. The injured worker was treated conservatively with physical therapy, chiropractic treatment, lumbar epidural steroid injections, and medication management. Clinical note dated 04/01/14 indicated the injured worker presented complaining of daily predominately in the low back radiating occasionally into the left leg below the knee with tingling in the lower leg rated between 5 to 9/10. The injured worker reported pain aggravated by prolonged walking, standing, sitting, lifting. Medications included Percocet 10/325 milligrams three times a day, Opana extended release 30 milligrams once daily, Prilosec 20 milligrams once daily, and Lidoderm 5 percent patch. Physical examination revealed tenderness in the lumbar paraspinal and iliolumbar areas without discrete trigger points, lumbar range of motion guarded and decreased, 2/4 dorsalis pedis pulses bilaterally, 2+ reflexes at the knees and ankles, 5/5 strength bilaterally, and subjectively decreased sensation involving the left great toe. Treatment plan included recommendation for discontinuing Percocet, new prescription for Opana extended release 30 milligrams every 12 hours, Norco 10/325 milligrams one to two tablets once daily, Prilosec 20 milligrams once daily, Flexeril 10 milligrams once daily with three refills. The initial request for Norco was noncertified on 05/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325 milligrams quantity sixty with three refills cannot be established at this time.