

Case Number:	CM14-0082219		
Date Assigned:	07/21/2014	Date of Injury:	03/27/2009
Decision Date:	12/30/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/03/2014

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 Occupational 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:

This is a 54-year-old male with a 3/27/09 date of injury. The mechanism of injury occurred when he was lifting a desk and injured his lumbar spine. According to the most recent progress report provided for review, dated 4/3/14, the patient reported the intensity of his pain as 7/10. He stated that he had intermittent tingling and pain in his lower extremities. The patient's medication regimen consisted of Norco and Neurontin. An opiate contract was signed, CURES and UA obtained. Objective findings: lumbar range of motion reduced 30%, bilateral tingling, motor strength 5/5 throughout bilateral lower extremities. Diagnostic impression: status post lumbar decompression and fusion on 5/2/13, lumbar disc protrusion, post lumbar microdiscectomy on 3/14/11, lumbar neuralgia/neuropathy, sacroiliac joint pain, myofascial spasm. Treatment to date: medication management, activity modification, physical therapy, surgeries. A UR decision report for this request was not provided in the records submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the present case, the most recent report provided for review was dated 4/3/14. The medical necessity for the requested medication cannot be established with documentation of the patient's current condition. In addition, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. Furthermore, given the 2009 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 10 MG # 120 was not medically necessary.