

Case Number:	CM14-0083003		
Date Assigned:	07/21/2014	Date of Injury:	11/15/2000
Decision Date:	08/26/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 53-year-old female who sustained a remote industrial injury on 11/15/00 diagnosed with lumbar degenerative disc disease. Mechanism of injury occurred while the claimant was trying to help a patient and was knocked down, causing her to land on her buttocks on a hard surface. The request for Norco 10/325mg #160 with 3 refills was modified at utilization review to certify Norco 10/325mg #60 with zero refills so that weaning can be initiated due to the lack of sufficient clinical documentation to suggest this medication is benefiting the patient. The most recent progress note provided is 07/21/14. Patient complains primarily of mechanical back pain. Physical exam findings reveal that palpation along the L4-5 facet joint produces pain and this pain is worsened with extension of the lumbar spine. Current medications are not listed but provided documents highlight the patient has been prescribed Norco 10/325mg since at least April of 2012. It is noted that an L4-5 fact joint injection is being requested again. Provided documents include several previous progress reports, emergency room reports, letters of denial of treatment, previous Utilization Reviews, a surgical pathology report, procedure reports, and a few Qualified Medical Re-evaluations. On 05/01/14, additional information regarding subjective and functional benefit with the use of Norco was requested. The patient's previous treatments include low back surgery, selective nerve root blocks, facet joint injections, facet joint rhizotomy, chiropractic treatments, physical therapy, and medications. Imaging studies provided include an X-ray of the lumbar spine, performed on 07/23/12, that reveals L5-S1 degenerative disk disease and an X-ray of the lumbar spine, performed on 06/17/13, that reveals unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 160, refills x 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to CA MTUS guidelines, on-going management of opioids consists of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, provided documentation highlights the patient has been prescribed Norco since April of 2012 but the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use. There is also no documentation of a pain contract on file, a urine drug screen performed to monitor compliance and screen for aberrant behavior, or any incurred side effects with medication use. Additionally, as opioids require ongoing documented review of efficacy, functional benefit and appropriate medication use, refills would not be appropriate or supported. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines, therefore the request for Norco 10/325mg, qty 160, refills x 3 is not medically necessary.