

Case Number:	CM14-0092403		
Date Assigned:	07/25/2014	Date of Injury:	07/31/2013
Decision Date:	08/29/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/18/2014

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 a 54-year-old male who reported an injury on 07/31/2013. The mechanism of injury was not provided. The injured worker was noted to have undergone numerous surgical interventions. The prior treatments additionally included physical therapy and acupuncture. The documentation indicated the injured worker had been utilizing Norco with an addition of OxyContin 20 mg in 09/2013. The documentation of 05/12/2014 revealed the injured worker underwent an L4-5 transforaminal epidural injection which provided significant improvement for 2 days and resolved symptoms. The documentation indicated the injured worker continued utilizing hydrocodone 10/325 mg for ongoing symptoms. The complaints included low back pain radiating into the right buttocks and down the right leg with the pain being 7/10. The documentation indicated the injured worker underwent an MRI and x-rays. The diagnoses included L4-5 grade I spondylolisthesis, L4-5 stenosis with bilateral lumbar radiculopathy, status post prior L5-S1 POSTERIOR LUMBAR INTERBODY FUSION on 12/09/2010, and lumbar laminectomy in 08/2007. Additionally, the documentation indicated the injured worker had new onset bilateral lumbar radiculopathy. The treatment plan included Norco 10/325 mg 3 times a day to 4 times a day. Additionally, the request was made for a urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, unspecified quantity.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Review.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain,ongoing management Page(s): 60,78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 09/2013. There was a lack of documentation of the above criteria. The request as submitted failed to indicate the frequency and the quantity of the medication. Given the above, the request for Norco 10/325 mg unspecified quantity is not medically necessary.