

Case Number:	CM14-0187296		
Date Assigned:	11/17/2014	Date of Injury:	01/13/2011
Decision Date:	01/06/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 39-year-old male with a 1/13/11 date of injury, when he leaned forward and twisted in his seat when he felt sudden pain in his mid back. The patient was seen on 10/15/14 for the follow up visit. The patient stated that his symptoms were the same. Exam findings revealed tenderness over the lumbar paraspinals with no guarding or spasms and negative SLR and Faber tests. The lumbar spine range of motion was: flexion 70 degrees with poor effort, extension 10 degrees, right and left bending 20 degrees. The motor strength was 5-/5 in the bilateral lower extremities. The progress note dated 10/28/14 indicated that the patient was utilizing Tramadol since 1/8/13 and that the patient was allergic to Hydrocodone. The diagnosis is degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date: work restrictions, PT, home exercise program, massages, lumbar epidural steroid injections and medications. An adverse determination was received on 11/10/14 for a lack of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 mg #60: Upheld

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

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. The progress notes indicated that the patient was utilizing opioids at least from 1/8/13, however given the 2011 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. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. In addition, the progress notes stated that the patient was allergic to Hydrocodone and it is not clear why the physician prescribed Norco for the patient. Lastly, the recent UDS test was not available for the review. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Norco 10 mg #60 was not medically necessary.