

Case Number:	CM14-0189019		
Date Assigned:	11/19/2014	Date of Injury:	01/21/2013
Decision Date:	01/08/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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 patient sustained an injury on 1/21/13 while employed by [REDACTED]. The request under consideration is Norco #90. The patient is status post lumbar fusion on 8/28/14; status post umbilical hernia repair; and has multiple sprain/strain of lumbar and right shoulder. Conservative care has included medications, therapy, and modified activities/rest. The lumbar epidural steroid injection was noted to be on hold. Report dated 8/19/14 from a plastic surgeon noted the patient had abdominal pain. Exam showed umbilical hernia that is painful to touch and non-reducible with mass slighter larger on Valsalva maneuver. Treatment plan was for umbilical surgical repair; medications of Tramadol and Omeprazole and a urine drug screen (UDS). Hand-written report of 10/23/14 from a provider noted the patient with chronic ongoing lumbar pain rated at 6/10 radiating to right leg. It was noted the patient was improving; however, still with tenderness on palpation. No detailed objective findings were noted. The request for Norco #90 was non-certified on 10/31/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: There was minimal information provided in records for review. Dosing of Norco was not provided nor was any functional response derived from treatment. Urine drug screen (UDS) was noted in treatment plan; however, no result is available in the file or report provided. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco #90 (unspecified dosing) is not medically necessary and appropriate.