

Case Number:	CM14-0194419		
Date Assigned:	12/02/2014	Date of Injury:	09/07/2012
Decision Date:	01/14/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 51 year old male sustained an industrial related injury on 09/07/2012 of unknown mechanism. The results of the injury and previous diagnoses were not discussed. Current diagnoses include status post anterior lumbar interbody fusion (ALIF) at L4-L5 and L5-S1. Treatment to date has included oral medications, acupuncture, back brace, assistive devices, and an anterior retroperitoneal exposure for spinal fusion at L4-L5 and L5-S1 (08/28/2014). Diagnostic testing has included MRIs (02/2014 and 04/28/2014) which revealed disk desiccation and degeneration at L4-L5 and L5-S1 with associated foraminal stenosis and right sided disk protrusion at L4-L5. A post-surgical x-ray was noted to show great positioning and alignment of instrumentation. The Norco was requested for the treatment of ongoing post-surgical discomfort. Treatments in place around the time the Norco was requested included assistive devices, a back brace, and oral medications including tramadol and Norco. The injured worker was advised to start replacing the Norco with a current prescription of tramadol. The prescription for Norco was issued with up to 6 tablets per day and a quantity of 180 tablets. The injured worker's pain was reported to be decreased. Functional deficits and activities of daily living were unchanged. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. The Norco was non-certified based on insufficient or absence of measurable analgesic benefit or functional/vocational benefit with ongoing use. It was also noted that the injured worker was instructed to start replacing the Norco with tramadol, yet the injured worker was prescribed 4-5 and up to 6 Norco per day and the request was for a quantity of 180. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Norco 10/325mg times 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg x 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

Decision rationale: Norco 10/325mg times 180 is not medically necessary. Per California MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.