MAXIMUS Federal Services

Case Number:	CM14-0201459		
Date Assigned:	12/05/2014	Date of Injury:	04/29/2010
Decision Date:	01/29/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	12/01/2014

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 Internal 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:

The injured worker (IW) is a 40-year-old woman with a date of injury of April 29, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are L5-S1 herniated nucleus pulposus with bilateral lower extremity radiculopathy, right much greater than left; cervical myoligamentous injury with bilateral upper extremity radicular symptoms; and medication induced gastritis.A review of the medical record indicates long-term use of Norco as far back as October 28, 2013. It is unclear if this was a refill or a new prescription. The documentation in the medical record does not reflect objective functional benefit or improvement. A urine drug test was performed October 15, 2014. The results were inconsistent. Norco metabolites (hydrocodone) were not present in the urine. However, Valium and Temazepam, two different benzodiazepine metabolites, were present in the urine drug test. There was no inconsistent urine toxicology discussion by the treating physician. The IW complains of increased neck pain associated with cervicogenic headaches with radicular symptoms to her bilateral upper extremities. Cervical spine examination reveals tenderness to palpation (TTP) in the posterior cervical spine musculature, trapezius, medial scapular, and sub-occipital region. Examination of the lumbar spine reveals TTP about the lumbar paravertebral musculature and sciatic notch region. The IW underwent 2 lumbar epidural steroid injections on August 7, 2014, and September 25, 2014, which provided 60% benefit to her lower back and radicular symptoms in her lower extremities. The injured worker's medications from an October 10, 2014 progress note or Norco 10/325, Anaprox DS 550mg, and Prilosec 20 mg. There were no benzodiazepines prescribed by the treating physician. The current request is for Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic narcotic use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are L5 - S1 herniated nucleus pulposis with bilateral lower extremity radiculopathy; cervical myo-ligamentous injury; medication induced gastritis. A review of the medical record indicates long-term use of Norco as far back as October 28, 2013(refill or new prescription?). The documentation in the medical record does not reflect objective functional benefit/improvement. A urine drug test was performed October 15, 2014. The results were inconsistent. Norco metabolites (hydrocodone) were not present in the urine. However, Valium and Temazepam, two different benzodiazepine metabolites, were present in the urine drug test. The inconsistent urine toxicology discussion were not addressed by the treating physician. The injured worker's medications from an October 10, 2014 progress note were Norco 10/325 mg b.i.d. PRN; Anaprox DS 550 mg BID; and Prilosec 20 mg PO b.i.d. There were no benzodiazepines prescribed by the treating physician. Consequently, absent the appropriate clinical documentation with objective functional improvement, and detailed (narcotic) pain assessments and inconsistent urine drug toxicology screen October 2014, Norco 10/325#120 is not medically necessary.