

Case Number:	CM14-0202381		
Date Assigned:	12/12/2014	Date of Injury:	09/22/2008
Decision Date:	02/03/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/04/2014

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 New York. 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 37 year old female with a work related low back injury dated 09/22/2008 while going up and down a ladder all day with boxes, according to the Utilization Review report. According to a spine follow up progress report dated 11/06/2014, the injured worker presented with complaints of neuropathic pain, residual back pain, intermittent leg pain, and continued difficulty with urologic loss of bladder control intermittently. Diagnoses included status post lumbar fusion of L5-S1, neuropathic leg pain, residual back pain and neuropathic pain in the legs, and episodes of bladder incontinence. Treatments have consisted of surgeries, ice and heat, back brace, home exercise program, and medications. Diagnostic testing included urine drug screen dated 08/07/2014 which tested negative for hydrocodone/APAP, x-rays on 11/15/2012 which demonstrated the presence of stable fusion anteriorly at L5-S1 with interbody spacer, electromyography on 10/09/2012 revealed chronic L5 radiculopathy, and lumbar spine MRI dated 04/02/2014 noted the L5-S1 fusion is intact and completed, mild disc protrusion at L4-5, and annular tear at L4-5. Work status is noted as permanent and stationary and not working. On 11/19/2014, Utilization Review non-certified the request for Norco 10/325mg 1-2 po (by mouth) q6hrs #240 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated the injured worker had not provided a pain diary that includes pain triggers and incidence of end of dose pain. In addition, there is no documentation of trial/failure of home exercise program for control/management of pain symptoms, that a first line drug therapy had failed, or improvement with functioning and pain after returning to work with restrictions. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for use Page(s): 79-80.

Decision rationale: Daily her back pain is 6-8/10 despite use of the Norco. She is not working and receiving worker's compensation and social security disability income. The Norco allows her to be functional. However, a drug screen on 8/7/14 was negative for hydrocodone (Norco) and tramadol and gabapentin, even though the medications were prescribed. This is an inconsistent result. Per the California MTUS, opioids are to be continued if the person has returned to work and demonstrated improved function. They also need to show an adequate decrease in pain. This patient still has moderately severe pain on the narcotic, and she is not working. Additionally, the drug screening shows inconsistent results, questioning whether the patient is properly taking the medications prescribed. The medication does not appear to be medically necessary.