

Case Number:	CM15-0133849		
Date Assigned:	07/22/2015	Date of Injury:	02/28/2006
Decision Date:	08/19/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 is a 72-year-old male who sustained an industrial injury on 2/26/2006 resulting in low back pain and impaired range of motion. He was diagnosed with degenerative disc disease L4-5 with recurrent disc herniation on the right. Documented treatment has included anterior interbody fusion; right L4-5 lumbar laminectomy; epidural steroid injections with 50 percent pain relief and improved functionality; heat; ice; home exercise; and, medication which he reports makes pain and activities of daily living manageable. The injured worker continues to present with low back and right lower extremity pain. The treating physician's plan of care includes Norco 10-325 mg and a urine drug screen. He is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of the four As of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. He had a urine drug screens that was negative for Norco. There were no drug contracts documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is not medically necessary.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request is considered not medically necessary. Because Norco will not be certified, a urine drug screen is not necessary. UDS is used to monitor for aberrant drug behavior which is one of the four A's for opioid monitoring.