

Case Number:	CM15-0043660		
Date Assigned:	03/13/2015	Date of Injury:	09/12/2007
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 54-year-old male who reported injury on 09/12/2007. The mechanism of injury was at the end of a 10 hour day the injured worker was rolling up his tools and other equipment with his back turned to an overloaded forklift that tipped forward dropping a 65 foot steel truss across the injured worker's back pinning him to the concrete wall for approximately 1 hour before he could be freed. The injured worker's right foot was crushed as was his low back. The injury was noted to undergo urine drug screens. Prior therapies included epidural steroid injections, x-rays, MRIs, lumbar discography, and surgical intervention as well as physical therapy postoperatively. The injured worker was utilizing opiates since at least 05/2012. There was a Request for Authorization submitted for review dated 02/25/2015. The documentation of 02/05/2015 revealed diagnoses of psychophysiologic disorder, degeneration of lumbar intervertebral disc, lumbar postlaminectomy syndrome, low back pain, and chronic pain syndrome. The pain was a 3/10 to 7/10. The physical examination revealed sensation to light touch and pinprick were intact throughout. The medication Norco 10/325 mg was refilled. It was noted to be quantity of 70 and a second prescription was written with a do not fill before 03/05/2015. The documentation indicated the injured worker was to begin weaning off Norco and the physician documented that he wrote a prescription for Norco 10/325 #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain. Ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain as well as objective functional improvement. The injured worker was being monitored for aberrant drug behavior through urine drug screens. There was however, a lack of documentation indicating whether the injured worker had side effects. Additionally, the request as submitted failed to indicate the request for the requested medication. Given the above, the request for Norco 10/325 mg #70 is not medically necessary.

Norco 10/325mg #70 (no fill before 3/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain. Ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain as well as objective functional improvement. The injured worker was being monitored for aberrant drug behavior through urine drug screens. There was however, a lack of documentation indicating whether the injured worker had side effects. Additionally, the request as submitted failed to indicate the request for the requested medication. Given the above, the request for Norco 10/325 mg #70 no fill before 03/05/2015 is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation the injured worker had documented issues of abuse, addiction or poor pain control. Given the above, the request for urine drug screen is not medically necessary.