

Case Number:	CM14-0113309		
Date Assigned:	08/01/2014	Date of Injury:	10/08/2010
Decision Date:	09/30/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation 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:

This is a 48 year old male with a 10/8/10 injury date. He was backing up his truck to hook up a trailer while his back was in a twisted position and he slammed his truck hard into the trailer. He initially presented with low back pain that radiated to the legs, right greater than left. In a follow-up on 6/4/14, subjective complaints were 10/10 low back pain and numbness. Objective findings included lumbar tenderness. There is limited objective evidence of pain reduction. There are no available urine drug screens. Diagnostic impression: lumbar degenerative disc disease. Treatment to date: medications, activity restrictions, physical therapy, home exercise, epidural steroid injections. A UR decision on 6/17/14 denied the request for Norco and Exalgo on the basis that the medications exceed the opioid ceiling of 120, there is no urine drug screen to demonstrate compliance, and it is not clear from the notes why two different opioids are needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 OPIATES Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, there is no documentation that the patient's current regimen is providing pain relief. There are no urine drug screens available to show compliance. In addition, it is unclear why two opioids are necessary in this patient. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.

Exalgo 16mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 OPIATES Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the present case, there is no documentation that the patient's current regimen is providing pain relief. There are no urine drug screens available to show compliance. In addition, it is unclear why two opioids are necessary in this patient. Therefore, the request for Exalgo 16 mg #60 is not medically necessary.