

Case Number:	CM14-0113774		
Date Assigned:	08/08/2014	Date of Injury:	12/10/2006
Decision Date:	09/19/2014	UR Denial Date:	07/10/2014
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 & Rehabilitation, has a subspecialty in Pain 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 is a 68-year-old male with a reported date of injury on 12/10/2007. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include lumbar spine strain/sprain with right lower extremity radiculopathy, 1 to 2 mm disc extrusion at L4-5 level with moderate to severe stenosis and facet osteoarthritis and psych problem. His previous treatments were noted to include medications. The progress note dated 04/09/2014 revealed the provider indicated the injured worker was taking Norco 4 times a day. The physical examination revealed tenderness over the posterior paravertebral musculature, and the range of motion was restricted with a positive straight leg raise test. The injured worker reported his medication was helpful in managing his residual pain with no known side effects. The injured worker indicated without Norco his pain remained severely intense and constant at 9/10 and with medications 5/10. The provider indicated with opioid therapy, the injured worker's pain became tolerable and his activities and exercises had become manageable. The provider indicated with Norco the optimal relief and improved functionality had been achieved. The provider indicated 11/26/2013 a urine drug screen was performed to monitor compliance, and there was no evidence of the injured worker developing medication dependency or abuse. The progress note dated 07/07/2014 revealed the injured worker reported the Norco 7.5 did not control his pain as well as the Norco 10. The physical examination revealed the low back symptoms were unchanged since the last evaluation. The injured worker indicated with medications his pain scale was rated 8/10 and without medications was rated 10/10. The injured worker indicated with medications he was able to perform activities of daily living, participate in a home exercise program, and improve sleep pattern. The Request for Authorization form dated 07/07/2014 was for Norco 1 by mouth twice a day #120 as needed for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated that with medications his pain 8/10 and without medications it was 10/10. The injured worker indicated the Norco 7.5 did not work as well as the Norco 10 mg. The injured worker indicated with the use of medications he was able to perform his activities of daily living, improve his sleep pattern, and participate in a home exercise program. The documentation provided indicated there were no side effects with utilization of this medication. The documentation provided indicated a urine drug screen was performed 07/2014. However, the details of that test were not submitted within the medical records. Therefore, despite the documentation of the significant pain relief, improved functional status, lack of side effects, without details regarding previous urine drug screening to verify appropriate medication use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.