

Case Number:	CM14-0125049		
Date Assigned:	08/13/2014	Date of Injury:	04/05/2010
Decision Date:	10/15/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/07/2014

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, 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:

This is a 34-year-old male patient who sustained an industrial injury on 04/05/2010. The mechanism of injury was lifting a box. Diagnoses include lumbar post laminectomy syndrome, lumbosacral disc degeneration, and lumbosacral neuritis. Previous treatment has included physical therapy, oral medications, and surgery. Current medications include Norco 10/325 mg 7 per day, Soma 350 mg twice daily, Neurontin 800 mg 3 times daily, Voltaren 100 mg, Max Shed, Nitro-muscle focus, Advil Cold and Sinus as needed, and decongestant. A request for Norco 10/325 mg 1 tablet every 4-6 hours as needed and one at bedtime #210 was not uncertified a utilization review on 07/17/14. The reviewing physician noted that the urine drug screen performed on 05/22/14 was negative for the medications. When seen on follow-up on 07/09/14 patient reported he does take the Norco daily and Soma on rare occasions. There was no further indication of follow-up on the drug screen. There was no indication of pain relief, functional improvement, or appropriate medication use. On 07/09/14 the patient had reports of continued back pain and numbness in the left leg. The patient reported taking Norco on a daily basis and was prescribed Norco 10/325 mg 1 tablet every 4-6 hours as needed and one at bedtime #210 with 3 refills. Impression was adverse drug behavior. Urine drug screen dated 05/21/14 was provided for review and is noted to be inconsistent with prescribed medications. The patient tested negative for prescribed medications including Carisoprodol, Hydrocodone/APAP, Norco, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 tablet every 4-6 hours as needed and 1 at bedtime #210 with 3 refills for chronic lumbar pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, there is no description of pain relief with opioid use, such as VAS scores pre and post medication use, and no indication of functional benefit or return to work. Urine drug screen performed on 05/21/14 was inconsistent, testing negative for negative for prescribed medications including Carisoprodol, Hydrocodone/APAP, Norco, and Soma. There is no documentation of a signed narcotic agreement. Subjective and objective benefit is not described in the records provided and there is evidence of aberrant drug behavior. Ongoing use of opioids is not indicated in this case. Norco 10/325 mg 1 tablet every 4-6 hours as needed and one at bedtime #210 with 3 refills is not medically necessary and is non-certified.