

Case Number:	CM14-0127957		
Date Assigned:	08/15/2014	Date of Injury:	01/29/1999
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, 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 69 year old male who has date of injury of 01/29/99. The mechanism of injury was not described. The injured worker is status post lumbar fusion. The most recent clinical note dated 07/17/14 noted the injured worker was taking five Norco per day. A CURES report was reviewed. He was reported as taking Tramadol; but because it did not really help he stopped. He has a signed pain management agreement. He acknowledged the heavy dose of medications he was on. The injured worker reports his BUN, creatinine, and liver functions are tested regularly. On physical examination he was alert and oriented to person place and time. He had no gross weakness. He had spasms in his low back with 40 degrees of flexion and 10 degrees extension. Straight leg raise was positive for back pain. Motor strength was 5/5. His last urine drug screen was positive for Norco. A clinical note dated 05/20/14, indicated the injured worker underwent right shoulder surgery. He subsequently received prescriptions of Oxycontin and Norco from the treating surgeon. The prescribing provider opined that there was no evidence of diversion or misuse. Utilization review determination dated 07/25/14 non-certified the request for Norco 10 325mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates
Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker has chronic pain secondary to history of fusion. Serial urine drug screen were reported to be consistent with his prescription profile. However, CURES identified the injured worker receiving prescription of Oxycontin and Norco from a physician that was not his primary pain management specialist. Additionally, the most recent clinical note indicates the injured worker was taking Tramadol. However, there is no record of this being prescribed by the treating provider. These prescriptions are a clear violation of pain management agreement. Further, the clinical records provide no data from which to establish the efficacy of this medication. There is no documentation of VAS scores with and without opiate medications. There is no documentation of functional improvements as a result of the use of this medication. Therefore based on the submitted clinical information the injured worker or the request for Norco 10 325 #150 is not supported as medically necessary.